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ABSTRACT

This collection of 13 author-contributed papers addresses various aspects of programming for students with behavioral disorders. Papers have the following titles and authors: (1) "System Support and Transition to Adulthood for Adolescents with Seriously Disordered Behaviors: Orchestrating Successful Transitions" (Eugene Edgar); (2) "Targets for Abuse: Children and Youth with Behavioral Disorders" (Michele D. McGuire and Renitta L. Goldman); (3) "Achievement, Locus of Control, and Study Orientation of Adolescents with and without Behavior Disorders" (Regina M. Foley et al.); (4) "Behavioral, Academic, and Social Competencies of Handicapped and Non-Handicapped Juvenile Offenders" (Robert E. Campbell and Lyndal M. Bullock); (5) "The Importance of Selected Aspects of Human Relationships in a Behavioral Management Program" (Philip DiMattia); (6) "Counseling as a Related Service: Are Emotionally Disturbed Students Being Left Out?" (Jerry B. Hutton and Lloyd Kinnison); (7) "Occupational Therapy: A Little Known, Underutilized, Related Service for Students with Behavioral Disorders" (Sally W. Schultz and Lyndal M. Bullock); (8) "Semantic Organizers and the BD Adolescent" (Susan Rovet Polirstok); (9) "Consumer Perspectives on Time-Out" (Frank H. Wood and Gordon Wrobel); (10) "An Eco-behavioral Observation Strategy for Clinical and Transition Program Assessment" (Jo M. Hendrickson); (11) "The Role of Public School Personnel in Non-Educational Issues: Interagency Interventions with the Home, Police, Shelters, Hospitals, and Other Social Service Agencies" (Michael D. Catania and Thomas Tebbe); (12) "Interagency Collaboration: A Working Model and a Case Study: The Norfolk Youth Network" (Leslie B. Arnold et al.); and (13) "Regular Classroom Integration of Adolescents with Emotional/Behavioral Disorders in Perspective" (Robert A. Gable and Virginia K. Laycock). (DB)

Programming for Adolescents with Behavioral Disorders

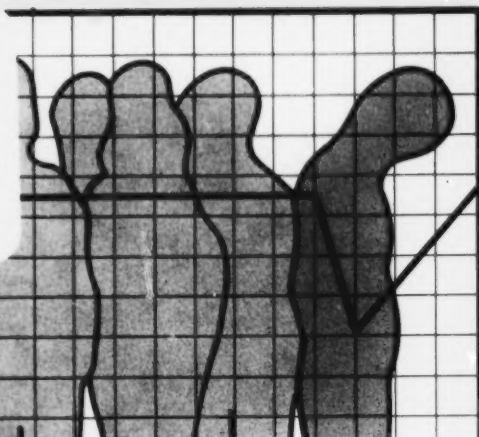
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Council for Children with Behavioral Disorders

The Council for Children with Behavioral Disorders is a professional organization for those interested in the education and well-being of behaviorally disordered individuals. The Council functions to develop lines communication and interaction among professionals, disciplines and organizations; to promote research and development; to support legislation for services to these children. Toward this end the Council publishes in relation to these interests. An organization of nearly 8,000 members, the Council maintains central offices at 1920 Association Drive, Reston, VA 22091.

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Programming for Adolescents with Behavioral Disorders

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PREFACE

Ten years ago, when the National Adolescent Conference was begun, I felt a strong pervasive sense of a need and thirst for knowledge about what can we do to improve the effectiveness of our interventions and programs for troubled adolescents. There was an excitement "in the air", and anticipation that through the sharing of our collective expertise and commitment we would soon be on the verge of describing those skills and service models that would somehow empower the expenditure of our energy to make a real difference in the lives of youth. Much happened in the decade of the 1980's, and many youth have benefitted. A consensus began to emerge across the disciplines serving youth about the complexity of the problems and need for genuinely collaborative service models. Transdisciplinary communication has increased and coalitions of professional organizations have formed. A national advocacy organization, The Federation of Families for Children's Mental Health, was founded and parents are beginning to assert themselves as important partners in the success of services for youth. Special educators began to take more responsibility for interventions beyond remediation of academic deficits and simple behavior modification procedures. Professionals in mental health agencies are recognizing that more of their services need to be provided in the natural settings of troubled youth. The juvenile corrections system has begun to struggle with the need to develop and provide more effective community-based approaches for offenders. And, the body of literature on programming for adolescents has vastly expanded.

We might look back with some satisfaction in what we have learned and the achievements that have occurred. Yet today, I feel a sense of desperation and urgency. Hardly a day goes by without some report in the mass media about the atrocities committed by, and on our nation's youth. President Bush's "kinder, gentler nation" hasn't emerged. The number of children living in poverty is increasing. Stories of abuse, violence, drugs, gangs, teen parents, school drop-outs, unemployment, racism, sexism and a host of other "isms" are all around us, and in every community. Critics and advocates are no longer calling for strategies to fix the system. Instead, they are calling for a complete restructuring of the system.

For a few months, many (not all) celebrated Americanism and victory in the Gulf War. Others asked, "When will we celebrate the victory at home against the insidious war on our children?" This is not a book with all of the answers. Nor, is it a book about despair. Eugene Edgar, in the lead article, portrays a grim picture, yet he concludes with a message of hope. This book is about the only thing we can be certain of, hope lies in the relentless pursuit of knowledge, and a commitment to the careful application of that knowledge in a kinder and gentler way.

Sheldon Braaten

System Support and Transition to Adulthood for Adolescents with Seriously Disordered Behaviors: Orchestrating Successful Transitions

Eugene Edgar

Students with challenging behaviors are not being well served by our current service systems. Public schools have a low tolerance for noncompliant behavior. Students who exhibit deviant behavior are referred to special education or are "elbowed out" of the system (Gartner & Lipsky, 1987). Those placed in special education make minimal progress, large numbers drop out of school, and those who do complete graduation requirements seldom achieve a reasonable quality of life as young adults (Wagner & Shaver, 1989). The incarceration of youth in the United States continues to grow at an alarming rate. Once incarcerated, the probability of achieving a successful life is very low. Mental health programs for adolescents are fragmented and grossly underfunded (House of Representatives Select Committee on Children, Youth, and Families, 1989). There are virtually no effective treatment programs for youth with alcohol or drug addictions (Ford Foundation, 1989). Teenage pregnancy rates in the United States are the highest in the world (Children's Defense Fund, 1986). Unmarried teenage mothers tend to live in poverty and lack access to health services (Children's Defense Fund, 1989b). Not surprisingly, infant mortality and child abuse rates are high for this population (National Center for Children in Poverty, 1990).

Youth with behavior problems are overrepresented by individuals of color, those with English as a second language, and people living in poverty. Youth with these demographic markers are increasing in the overall population (Hodginson, 1989; Pallas, Natriello, & McDill, 1989) and thus we can expect incidence rates to increase for those students labeled as disturbed. Our overloaded service system is faced with increasing numbers of youth with deviant behavior and with an increasing severity of the behavior problems.

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Significant portions of this manuscript were conceptualized in preparing a manuscript for Cosmos Corporation entitled, Research strategies to improve the outcomes of secondary special education programs for mildly handicapped students: System support strategies, by Eugene Edgar and Patricia Vadasy.

Helpful comments were also provided by Mike Bullis and Joe Jenkins.

I believe there are three major barriers to providing adequate services for this population. Two of the barriers are endemic to our society and will be very difficult to change; however, they need to be discussed openly and made public, if for no other reasons than those of intellectual honesty and ethical responsibility. The third barrier directly relates to professionals, our current belief system, and our role in perpetuating the current problem. I will review briefly the two societal issues, but will expand on my thoughts concerning the professional belief problem and offer examples of an alternative theoretical base.

Influence of Poverty: The Impact of our Political/Economic System

My personal introduction to the impact of poverty and the impact of our capitalistic system on today's youth was precipitated by the data from my follow-up studies of special education graduates in Washington State. Even though I am a product of the sixties, was a marginal hippie and protestor for civil rights and the needs of the poor, I was psychologically unprepared for the results of our study. Somehow I had come to believe that things were getting better in the United States, that fewer and fewer people were living in poverty, that our land was truly one of opportunity, and that people who worked hard could pull themselves up by their bootstraps and enjoy a reasonable quality of life. This world view is probably required for those who believe our treatment programs can make a difference in the quality of the lives of the people we serve.

As we compiled our data on the postschool status of special education graduates, we became convinced that we needed a nonhandicapped comparison cohort. As our data accumulated on this nonhandicapped group of high school graduates, we were shocked to find a large percentage, about 30%, who were neither attending a postsecondary education program nor earning more than the minimum weekly wage. We were not overly surprised to find special education graduates experiencing high rates of unemployment and low income, but we did not anticipate the findings for the nonhandicapped population. I was forced to turn to the sociological literature for possible answers to the riddle. As the novelist Tom Robbins (1990) writes in *Skinny Legs and All*, the veils were lifted from my eyes. There is an extensive data base and rich literature on poverty in the United States. For those who wish to explore this literature, I would recommend the following as an introduction: The Underclass in America: The Truly Disadvantaged (Wilson, 1987); Economic Justice for All (1986); Report on Maternal and Child Health (Children's Defense Fund, 1989a).

These reports paint a bleak picture of life in the United States for up to 30% of our population. The top 10% of our population control 80-85% of all our real wealth. Individuals are increasingly "falling out" of the middle class into the lower class (income wise), and more and more are "falling out" of the lower class into the underclass. There are fewer

and fewer blue collar jobs that pay livable wages, and an increasing number of service sector jobs that pay poverty-level wages (and often offer no health care benefits). While many of these jobs are "McDonald positions," they also include many teacher positions in Head Start, direct care staff in treatment programs, and self employed individuals. Employment rates alone are not adequate indicators of poverty: income levels must also be examined.

Health care in the United States is a disgrace. We have world class technology and a third rate delivery system. Up to 20% of all youth in the United States do not have access to health care. The United States ranks 19th in the world for infant mortality (28th for African Americans). Health care costs continue to exceed the inflation rate, and access to preventive health care service declines.

Family status is the most powerful predictor of the adult status of children (Kerckhoff, Campbell, Trott, & Kraus, 1989). Education, skill level, and personal initiative are weak predictors of adult success. Clearly exceptional individuals can overcome family risk factors (youth who are brilliant, athletic, or have unusual art or science skills), and a college degree also provides some movement from the social station of one's family. However, for the average youth and the youth without access to college, "family socioeconomic status" is the major determinant of adult status.

As a teacher who deeply believes that what I do can make a difference in the lives of my students, these facts are profoundly troubling. I believe these facts make most of us in the human services field so uncomfortable that we simply refuse to acknowledge them. To do so calls into question the reasons for our existence—as social workers, teachers, health care providers. Yet we must acknowledge these facts, for not to do so will only perpetuate the problem.

I believe the situation is so dire for poor people that if they don't respond to their situation by acting crazy, they are crazy. Hopelessness and despair can only result in deviant behavior. The major "cause" of child abuse, crime, drug and alcohol addiction, interpersonal problems, and general antisocial behavior is poverty. To not acknowledge this and shout it loudly makes cowards of us all. We should not (indeed must not) allow this fact to immobilize us, but neither can we ignore it. Each of us must, within our own fields of endeavor, do what we can to reverse this situation. I call attention to this situation not for the purpose of "bashing" our country: rather I want to be a positive influence to make our society more just.

U.S. Societal Fear of Entitlements

Social taboos are interesting phenomena. A real taboo is one we do not even talk about (Hardin, 1979). Within the circles of human service bureaucrats and legislators, entitlement is a taboo. We are not allowed to mention, much less recommend, entitlement programs for youth with

behavior problems. Yet this is exactly what is needed. Each youth should have access to a pot of money with he or she can access for needed services. The major entitlement programs for youth in the United States is public education. We need similar entitlement programs for health care, counseling, treatment, and guided social employment and community living. Until such entitlements are available, I believe the long-term prognosis for these youth will remain grim.

There are not enough resources (i.e., money) currently allocated for human services. There are far more needs than our current resources can adequately meet. Waiting lists are intolerably long, the intensity of our services is weak. Many needy individuals are not eligible for services without a fee for service. Throwing money at the problem, in itself, will not solve the problem, but withholding money will not solve it either. We certainly need a revolution in our treatment paradigms, but effective treatment will cost more (much more) than the current system allocates. The solution will not be simple—no foreseeable treatment innovation or interagency agreement or more effective administration, nor local community self help movement will alleviate the need for more treatment dollars.

We professionals must advocate for such programs, even if this means we are breaking a social taboo. The previous comments on the political/economic system pertain to entitlements, for such programs will require a redistribution of wealth in our society (another social taboo.)

Changing our Current Treatment Paradigm

Our current treatment programs are based on a psychological theory of human behavior. Theories of normal development guide our treatments for deviant behavior, and psychological constructs guide our interventions. With the exception of the few chemotherapy options currently available, our treatments consist of cognitive strategies and restructuring of the treatment environment (milieu) to create behavior (and values and thought process) changes in the individual. The desired outcome is an individual who is fixed (cured) and able to function successfully in society. While our procedures allow us to assist many of our clients to radically improve their skill levels, few of our clients are able to function in society and enjoy even a reasonable quality of life. We are successful at increasing their quality of life while in treatment (in schools, treatment programs, and follow-along programs). Our success during treatment is due to our interventions and the ongoing supports available to them while in treatment. When the support systems are removed, the quality of life decreases, often dramatically. The truth of the matter is that we don't "cure" our clients!

I believe this is a pessimistic, but honest assessment. Our treatments simply do not reach the molecular structure of our clients' lives. Further, the environmental causes of their dysfunction persist (poverty, dysfunctional

families, unorganized environments) when the intervention is over.

The prevailing notion among professionals is that we are progressing in our understanding of psychological processes and, with time, our interventions will gain strength and we will become more effective at "fixing" our clients. At the risk of being presumptuous, I doubt that our current efforts in cognitive psychology will ever lead to treatments that will cure our clients. We need a new paradigm to guide our efforts.

Previously I speculated that a chemical paradigm would probably be the long-term solution. Francis Crick has also speculated on this issue (Crick, 1988). Crick comments that cognitive scientists tend to develop theoretical models of mental processes and then test the model with cognitive simulations. This is a functionalist approach which proposes to learn about how cognitive processes take place . . . "without bothering about what sort of bits and pieces actually implement the functions . . ." (p. 150). This procedure, Crick believes, will never be successful at solving the problems. Instead, he advocates for the study of structure (neurons) in addition to function. Crick believes that a major breakthrough in psychology is unlikely without new techniques and ideas and he proposes that "molecular psychology" is the field of the future.

However, Steven Gould, another major hero of mine, questions if the study of biology alone can answer questions concerning culture. "Human culture represents a level in our lives that cannot be rendered in biological terms" (Gould, 1987, p. 68). Gould proposes a hierarchical model in which different principles need to be used to describe human life (i.e., biological and culture) and "laws of culture (will be explained) with principles different from the laws of evolutionary biology" (p. 69). These different principles (models, paradigms) need to be interactive and the principles from one model must not delay nor constrain the explanation of the other model.

I think Gould is speaking to the need to use different paradigms to explain different parts of the world. These speculations only reinforce my view that our current direction in treatment philosophy will lead to a dead end. I am afraid we are hopelessly lost, without a map. You and I can't wait for the new breakthroughs. We must develop a treatment philosophy which incorporates our current treatment techniques and ongoing support systems. We need to continue our efforts in improving education and therapy while exploring additional paradigms of intervention which address environmental issues. Our procedures for "knowing" and "understanding" may vary depending on which model we are exploring (education/therapy or environmental support). We must give up on our notion that we can fix people and being constructing long term support programs for our clients that will allow them to function in society. And once again to quote Gould (1987), " . . . the cardinal principle of all science—that the profession, as an art, dedicates itself about all to fruitful doing, not clever thinking;

to claims that can be tested by actual research, not to exciting thoughts that inspire no activity" (p. 79). Tis time we begin the doing.

Alternative Paradigm

My proposal is simple: we continue to use intervention strategies to increase individual skill level and we build ongoing systems to support the individual in the community. While simple, these recommendations will be expensive.

Our goal should be to teach (treat) individuals in order to increase their skill level, determine their needs for support in the community, develop such support systems, and provide ongoing support (perhaps forever) to allow these individuals to function in society. We should not abandon our attempts to develop more effective interventions, but we should not claim to cure people. We should attempt to provide skills and support to enable people to live productively in society.

A similar proposal has been put forth by Kazdin (1987) in his chronic disease model for children with conduct disorders. Kazdin uses diabetes mellitus as an example of a chronic disease that has been managed effectively by ongoing assessment, treatment, and evaluation. Diabetics can live productive lives, virtually symptom free, with ongoing treatment. They are not cured, but with careful monitoring and ongoing treatment can experience a good quality of life. This model does not preclude the ongoing search for a permanent cure, and if (when) such a cure is found, ongoing treatment can be replaced with the new treatment. At this point a more apt analogy may be that of the regular dental check-up. Once the individual is progressing well without ongoing treatments, periodic "check-ins" take place to ensure all is well and no new problems have arisen (Kazdin, 1990). A similar proposal has been made by Burchard and Clarke (1990) called "individualized cure." In this notion, all the services that any given child needs are provided until the child is adjusting in a normalized mainstream setting.

I believe this is the model we should adopt in the field of behavior disorders (indeed for much of special education and other human services). We should view the problems as chronic diseases and begin the search for ongoing support services which can be implemented in community settings and allow individuals to go about their lives, without being cured, but capable of experiencing a daily quality of life. This change of philosophy will require us to rethink our intervention and the role of treatment services. We will be challenged to give up old notions and experiment with novel ideas. We must be willing to experience failure in our quest to find the appropriate combination of services to match individual needs.

Outcomes of Intervention Programs

The current agreed upon outcome for intervention programs is "completion" of program. Exit criteria are defined by some accomplishment markers (e.g., course completion, skill acquisition) and/or temporal considerations (12 years of schooling). The implied assumption is either that the individual has been "cured" and therefore treatment can be terminated, or, the treatment has been "used up" (completion of a sentence within the justice system, reaching the end of eligibility for public school), and if the individual still needs assistance other treatments must be used. All the treatments have a single focus; that is, the treatment targets a limited set of problems. For example, to qualify for special education services the individual must be experiencing difficulties in education. While other problems (e.g., getting along with family members) may be acknowledged, educators will target the educational issues. In a counseling program the focus may be on interpersonal relations, and even though the lack of a job may be a major problem, job training is not the concern of the counselor. These other problems are acknowledged (the multiproblem individual), but our current treatment systems are so fragmented that total life planning and intervention seldom occurs. Rather, we call for interagency collaboration, comprehensive case management services, or bemoan the difficulties of working with multiproblem individuals. We also complain that our clients do not come to us ready to partake of our services or ready to learn. Our ultimate excuse for lack of treatment effects is "there was too much other garbage going on for us to have a chance to make a difference."

In no way do I want to belittle our efforts or to imply that the people who come to us, often unwillingly, and always in great distress, do not have major problems. Rather, I want to emphasize that problems are often multidimensional and treatments unidimensional.

I have come to believe that if we would define our outcome measures more realistically (i.e., not graduated and cured), we might develop a more effective treatment system. I propose that life status outcome measures are most appropriate to evaluate the overall success of intervention programs. Life status measures can be defined as successful functioning in school or a job, in a living/social situation, and individual satisfaction with this status. Thus treatment outcome is stated in terms of functioning in the current environment. An easy example of this outcome measure is that of public school programs. Successful outcomes of a public school program would be:

- a) Placement in a postsecondary education or training program with documented entry skill levels, adequate support systems in place, and one-quarter (or semester) of successful performance; or

- b) Employment in a job with above poverty level wages and health benefits for at least six months; and
- c) Self report by the graduate on satisfaction with the current status, amount/type of friends, living situation, and prospects for the future.

Similar outcome criteria could be identified for correction programs, mental health services, and family preservation programs.

Make no mistake, this proposal makes very different assumptions about the role of intervention programs. Basically this is a major change in values. Treatment programs would be expected to improve the overall functioning of the individual in his or her natural environment rather than change one aspect of the individual's life. The goal of transition planning becomes one of actual placement.

Acceptance of functional outcome measures would forever change the role and function of intervention programs. I am convinced that this is the appropriate next step, but I do recommend open, active, and prolonged debate among the professional community to define desired outcomes for our treatment programs.

Development of Support Interventions

I am advocating for a multifaceted intervention approach (Kazdin, 1987) which would provide services (support systems and behavior change techniques) to individuals based on their particular needs. Not all individuals are alike, even if they share some basic demographic characteristics (e.g., SES level, disability, ethnicity). Each individual and his or her particular ecosystem needs to be viewed as an individual unit for analysis. While we can aggregate data on typical needs, we can never forget the importance of individual analysis. Some individuals will need only a few additional supports, while others will need a complex web of support/intervention services. The list of possible services which follows has been generated by reviewing aggregate needs. Refinements of this menu await empirical validation.

Allow me to share an example of the need for an ongoing support system. The other day on a jog through my local park I came upon a model sail boat race. A large, colorful kitchen fly had been erected on the lake shore and some 30-40 men, women, and children were scattered around the staging area; a loud speaker was announcing the race results, a large scoreboard recorded the current standings of the various heats, 10-15 large, remote-controlled sailboats were receiving minute detail from the participants, and five contestants were engaged in a tightly contested race, their remote control antennas waving in the air as they closely monitored their individual craft. Of the five contestants, four were more or less middle-aged men, while one was a somewhat straggly youth of 19 or 20. This youth caught my

attention because of his age and his general appearance—he was “one of my types of guys.” I guessed from his general appearance he was one of those marginal youth who was probably “floundering” into adulthood. “How neat,” I thought. Here he was, engaged in a prosocial activity, spending his Saturday afternoon in an enjoyable activity (rather than some antisocial activity) with a potential positive support group. How did he ever get connected with this group? Was there a potential mentor for him in this group? Did this activity provide some joy and meaning in his life? Was it something to look forward to during his possibly dreary work week? Could I employ this group to take on another youth?

As I watched the race unfold, my mind filled with potential ideas for one of my current projects to connect youth to prosocial recreational groups. Larry (the youth’s name which I soon came to learn) won the race by a large margin. His name was announced over the loud speaker, the crowd gave a small cheer, I smiled and was just ready to leave when a large disturbance erupted. “Two points, that’s crap, that’s not fair, you’re cheating me,” Larry shouted. A small crowd formed, the rule book was consulted. “Two points for the winner of heat B, page 18,” shouted an overweight older man (obviously the rule keeper). “No fair,” cried Larry, “that’s crap.” “Those are the rules Larry.” “That’s crap, you’re cheating me,” replied Larry, over and over and over. The crowd grew, children stopped playing in the sand, onlookers murmured, the other contestants starting baiting Larry. “Yeah Larry, we’re all out to get you.” “Write a letter to the International Rules Committee Larry.” “Tough Larry, two points are what you get.” “That’s crap,” shouted Larry.

Pop went my balloon of the nice little prosocial, support group. Larry didn’t have the social skills (or at least wasn’t using them) to handle this situation. Given my experience with social skill training, I doubted if the section on handling negative feedback would help Larry to deal with this situation. Larry needed a social coach. Someone to call him aside, calm him down, give him some coping strategies. Maybe a prompt such as “Hey, I’m confused, I thought I should get zero points for winning. Can you explain the rules to me?”

I don’t think Larry is going to make it in this group. He will probably be scapegoated and teased and eventually be driven out of the group. It is unlikely social bonding will occur. I doubt anyone in that group will take the time, or has the skills, to mediate between Larry and the group. Larry has a chronic disorder. He needs an ongoing support system.

I would guess there are a multitude of Larrys in this world, marginal youth, struggling to find their niche in life. Many, less fortunate than Larry, never find their model sailboat club. Others, like Larry, flounder in their efforts to be accepted. A few succeed. Our task is to develop ongoing support services to assist them find a place in this world.

Following Kazdin's advice (1987) each service to be provided should have some evidence that it will impact on a specific need. Additionally, there should be some evidence that the problem being addressed relates to the overall desired outcome. Thus, while I propose that the general health status of the individual is related to the individual's ability to experience an overall satisfactory lifestyle, I must be careful to delineate specific aspects of health that relate to satisfactory lifestyle. Although it may appear self evident that sex education contributes to healthy status, that link needs to be documented.

Additionally, we need to consider population characteristics and treatment specifics. Once again using criteria specified by Kazdin (1987), these include demographic descriptors and treatment descriptors.

Demographic descriptors include age, IQ, disability, gender, ethnicity, geographic setting, family characteristics, and social-economic status. In addition to providing an adequate description of the treatment population for further research, these factors may be important in determining the amenability of specific individuals to the various treatments.

Treatment descriptors need to be conceptualized in terms of the specific aspects of treatment that address the cause of the problem. Thus a mentor program must address the need of an individual to have an experienced, caring adult available for consult. The treatment procedures must address the process of determining individual need for that treatment as well as how the treatment is to be delivered. These procedures need to be documented with written procedures so that the decision rules are explicit and the treatments can be replicated by other programs.

Potential Support Services for Transition

As youth face the transition from public school programs to the adult world, there are a number of services that potentially can have great impact on this transition. The following list of services is not to be considered finite nor needed by every youth. Rather, this list is a sampling of the variety of services we need to conceptualize in the overall support web.

Health Services

Good health contributes to the adolescent student's overall energy, self esteem, and motivation to learn. Yet increasing numbers of children lack access to health care; 18% of white children and 29% of African-American children in employed families are uninsured (Children's Defense Fund, 1989a). Poor adolescents with disabilities are three times as likely to be uninsured as their nonpoor counterparts (Children's Defense Fund, 1989b).

Good health for adolescents is determined by access to medical care, understanding of reproduction and birth control, as well as physical fitness and nutritional habits. The U.S. teenage pregnancy rate is 2-7 times higher

than rates of other developed countries with more advanced national policies on sex education and birth control (Jones, et al., 1986).

There should be yearly screenings for general health, weight, healthy life style (smoking, weight, aerobic fitness, sexual activity). In addition, access to health care should be determined for each individual. Formal testing on healthy living habits should also occur. Identified problems (e.g., lack of immunization, unhealthy habits, lack of access to treatment) would be addressed on an individual basis.

Counseling/Treatment Programs

Many more youth than those labeled SBD have the need for formal counseling and treatment programs (Liaison Bulletin, 1990). These include career, employment, and guidance counseling to help students plan their futures and cope with family, peer, and school problems. The interrelations between poor school performance, disruptive school behavior, and delinquency are well documented (Farington, 1980; Hindelang, Hirschi, & Weis, 1981; Kelly, 1980; Pink, 1982; Wright & Jesness, 1981).

Intensive drug and alcohol treatment programs are seldom available to students. This is a national problem, and others have underscored the widespread need for drug and alcohol treatment on demand (Ford Foundation, 1989) for all Americans, but especially as part of a serious investment in youth. For some individuals with acute emotional/behavioral problems day treatment, semi-residential (ReEd Model), or residential programs are needed. These programs provide intensive educational, mental health, and family support services in controlled settings.

There should be a yearly screening of all students to identify those with counseling/treatment needs (e.g., personal counseling, drug/alcohol counseling, family support). Students identified as at-risk should be referred to a multidisciplinary team composed of school and community agency personnel in order to determine specific needs and treatment options.

Extended Week/Year Programs

Individuals who find school unreinforcing, who do poorly, who are not athletic, who come from dysfunctional families, or who associate with gangs are at risk for engaging in antisocial, or at the least nonproductive, activities after school, on weekends, and during summer break. For less advantaged students the summer months can interrupt hard won progress and present major distractions and idle time. A recent study (Agnew & Petersen, 1989) of 600 urban adolescents indicates that delinquency is positively related to time spent in unsupervised social activities and leisure activities with peers (e.g., "hanging out," dating, parties). Low achieving students are more likely to fall in with a negative peer group, which can not only interfere with school attendance or activities, but can also influence a student's

attitudes and values about school. Supervised recreational programs, therapeutic wilderness camps (e.g., Outward Bound), tutoring sessions, mentor experiences, and appropriate work placements during evening, weekends, and the summer months are needed for many students whose families are unable to provide enrichment experiences. These programs can also offer opportunities for individuals to be with peers in activities that increase skills and broaden experience.

An analysis of out-of-school student activities could be conducted to determine social/recreational activities, jobs, and prosocial contacts. Specific attention would be given to student activities that are inappropriate, interfere with schooling (inappropriate work schedule), or result in isolation or loneliness. An "out-of-school activity plan" would be developed. This plan would focus on developing prosocial group bonding through sports, outdoor, craft, and computer activities, work internships, and tutor programs.

Mentors/Benefactors

There are some data indicating that opportunities for informal adult-student interaction are particularly beneficial for disadvantage and at-risk youth in reducing dropping out and absenteeism (Bryk & Thum, 1989; Comer, 1988; McDill, Natriello, & Pallas, 1986; Rumberger, 1987; Wehlage, 1983), in reducing problems with drugs, work, health, and family (Newcomb & Bentler, 1988), and in assisting students as they transition from school to adult life (Zetline & Hosseini, 1989). In the Kauai Longitudinal Study, Werner (1989) found that access to emotional support outside their families characterized resilient high-risk high school students. These external supports included neighbors, teachers, or elders who served as role models, friends, and confidants. In her analysis of social programs that work for high-risk children, Lisbeth Schorr (1988) identified key attributes of successful programs, one of which is the involvement of professionals who are perceived by youth as "people who care about them and respect them, people they can trust" (p. 258). Or, as Urie Bronfenbrenner has observed, "every child deserves to have at least one adult who is crazy about them." A formal program of matching mentors and students is needed.

Individual and parent interviews could be used to identify individuals without mentors. These interviews need to be conducted on a yearly basis.

Family Support Programs

More is demanded of parents of individuals with handicaps than parents of nonhandicapped individuals in the way of assisting with school work, choosing appropriate programs, advocating for services, and coping with the stresses of adolescence. These demands can often overwhelm the well educated middle-class parent, let alone parents of the large number of these students from disadvantaged and minority backgrounds. Many parents face major obstacles in preventing their child's exposure to harm and promoting

positive health and developmental outcomes (National Center for Children in Poverty, 1990).

Parents may need a wide range of supports in order to become effectively involved in their child's life. These may include adult basic education for disadvantaged or minority parents who have not received their diploma, or English classes for non-English-speaking parents. Other parents may need training to help their child with homework or to understand the education system. Research indicates that parents' educational aspirations, monitoring of schoolwork, general supervision, and communication with the child are related to school achievement, including students' grades, attendance, attitudes, and expectations (Astone & McLanaha, 1989). Many parents need help in order to provide these supports to their children.

For some families, support must be provided in securing basic needs such as housing and food. For the thousands of homeless families these needs are paramount. Many of these families are forced to make frequent moves which often disrupt schooling and other support services. These children are unable to find any stability in their lives. Friendships are difficult to maintain and there is little continuity to their lives. Changing schools several times during a year makes any semblance of a comprehensive educational program a sham. The experiences of migrant children are such a case in point. Many nonmigrant children also experience frequent uprootings and discontinuity of their lives. Coordination of hours in services, educational, and other support services for this highly mobile population is needed.

For other parents severe personal problems, mental illness, and drug or alcohol addiction may seriously interfere with their ability to parent. For these families comprehensive community services are absolutely crucial if their children are to be successful students.

Yearly screening of overall family needs health care, GED, ESL classes, counseling/treatment, vocational placement, respite services, housing, food, parenting skills, social support). Families identified as potentially in need of any service need to be referred to a community-based case management service. The case management service will prepare a comprehensive Individualized Family Service Plan (IFSP). The case management service will monitor all needed service interventions.

Options for Out-of-Family Living

The current child welfare philosophy in the United States is to keep the family intact at all costs, often at the expense of the child. As the authors of the William T. Grant report (1988) on youth emphasize, however, reasonable efforts to preserve families require reasonable supports to ensure the child's protection, such as Homebuilders and other intensive, comprehensive programs.

Until adequate resources are allocated to fund effective family preservation programs, there should be formal options for the adolescent student to be placed out of the family when the home environment carries with it the risk of serious harm for the child. The William T. Grant report (1988) also describes several models to help adolescents in foster care prepare for transition to independent living through supervised training and education (pp. 111-112).

Each student's IFSP should document if the student is at risk if he/she remains in the home. Risk status should reflect the family's ability to meet the student's basic needs. This analysis should be conducted on a yearly basis.

Placement Services

Treatment programs traditionally exit individuals from treatment without making placements. Additional transition services may be needed such as making placements, coordinating needed support services from existing community services, provide direct or placement support to the individuals, and coordinating with the community case management services.

Specific placement and ongoing support services (e.g., tutor, mentor, transportation, job coach, etc.) would be specified along with exit criteria (e.g., successful job placement for six months, successful completion of one quarter/semester in a post-secondary training setting).

Overall Case Management

The array of human service agencies which now provide support to individuals in need is complex and unorganized. Eligibility criteria, access procedures, and lack of coordination inhibit use of available services. The management of these services is often beyond the ability of many individuals.

Case management is designed to help individuals access and coordinate services. A knowledgeable case manager helps a family develop an overall, interagency service plan, and monitors the delivery of services. Case management services are mandatory for families experiencing multidimensional problems. However, the recent proliferation of case management services has resulted in some families being assigned two or three case managers, creating the need for someone to manage the case managers. Also, some agencies are using their resources to provide case management rather than services. As a general rule, case management should follow, rather than precede, service development. A coordinated case management service is a necessary component in a comprehensive service system. As part of the development of the Individualized Family Service Plan, a case manager would be identified for each family.

Summary

The choice of support services was based on preliminary positive findings from the sociological, public health, social work, and psychological research literature. The hypothesis is that these environmental supports can play a crucial role in successful adult outcomes for individuals with behavior disorders. I believe that the study of these support systems will yield at least equal, if not more powerful, information than traditionally gleaned from the study of traditional intervention programs.

The basic idea of this system would be to determine individual needs across all environmental conditions, use intervention programs whenever possible to obtain changes in the behavior of the youth and to provide ongoing support in all needed areas so that youth could experience a meaningful, joyful, productive life. Using the chronic disease model, we would no longer attempt to cure our youth but rather help them live their daily lives. Given this desired outcome and adequate intervention and treatment services, I believe we all would have a chance to achieve success, we professionals and the youth we serve.

Conclusions

For over twenty five years as a teacher, I have searched for the cure, the treatment, the answer to the riddle of why some youth experience such tremendous difficulties in blending into our society. I was convinced that we were on the correct path of inquiry, that things were getting better for all of us, and sometime soon the answer would be found. When, several years ago, I came to the realization that 1) poverty overpowers our interventions, and 2) our interventions seldom cure our clients, I became severely depressed. It appeared to me that nothing was possible.

Emerging from that pit of depression feels so good—so very good—that sometimes I fear my new found optimism may simply be the lack of despair that so recently was mine. But I think not. I sincerely believe that three things are possible. First the chronic disease model and the accompanying support/intervention model does provide a map for developing services that do have a chance to work. For this model to be successful, we will also need to adopt functional outcomes as our end goals. This notion of functional outcomes is a very basic value shift, and one that needs to be thoroughly debated and discussed. There could be some very bad logic traps in this one, and to quote Burton Blatt, "People always should know much more about the band wagon they jump on than the tune it's playing, for when the conductor signals the last stop it may be the cemetery rather than the Mardis Gras" (Blatt, 1987, p. 22).

Second, I believe we can change our political/economic system. I don't know how, but deep within me, I feel that hope still resides. There is no question in my mind that there must be a redistribution of wealth and

our current system has failed to create equality of opportunity in society. I also acknowledge that there are no immediate obvious models to draw from. We, as an increasingly multicultural society with an ailing economy, have few peers in the world. Regardless, as with grace, if it is there, it is there . . . my belief we can change.

Finally, whenever I really get down, some small even, some small interaction between human beings always causes me to pause, in wonder, at the resiliency and potential of human beings. Even in the depth of my personal depression I recall being encouraged by the individual action of some person I knew. My bottom line faith is that the human condition, as dismal as it often is, by definition offers hope. That we all, each of us, can only maintain that essence of our humanness that allows us to continue to hope.

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Targets for Abuse: Children and Youth with Behavioral Disorders

Michele D. McGuire and Renitta L. Goldman

Introduction

The persistence of child abuse and neglect over time, indeed, the proliferation of such treatment continues to shock the conscience of America. Even a cursory review of professional and journalistic literature reveals that there has been an increase in the dialogue concerning abuse, and suggests an increased, general awareness of the upward trend in the incidence of abuse and neglect. The literature also reveals, however, that regardless of the more widespread knowledge, divergent trends exist which suggest social systems are failing in efforts to prevent or eradicate this inhumanity. Reports about children and youth who have been shot, stabbed, hit with instruments, kicked, punched, or burned emerge on a frequent basis. In a majority of such cases, the child victim has been assaulted by a known assailant; for example, 60% of the rapes reported by adolescents are committed by dates or acquaintances (Schor, 1987). Thus, abuse is typically inflicted by a trusted, known individual—often by the parents or another individual who has special meaning in a child's life.

Concerns related to child abuse recently have focused attention on the potential relationship or interaction between behavioral characteristics of the abused child and parental tendencies toward abusive behavior. In examining this relationship, a review of available research suggests that children with disabilities, particularly children who are limited in the ability to exhibit "parent pleasing" behaviors, are prone to become victims of abusive situations (Meier & Sloan, 1984; Kauffman, 1989). Clearly, children with emotional or behavioral disorders can be described within this context. The purpose of the present paper is to address the issues related to child abuse and neglect, with emphasis on the relationship between emotional/behavioral disorders (EBD) and the potential for a child with EBD to become a victim of abuse.

Demographics of Child Abuse

National statistics on the incidence of child abuse and neglect indicate that such crimes against children have reached staggering proportions. In

a recent article, Goldman (1990) reported that nearly two million cases of child abuse and neglect were reported in 1985. Certainly, this number seems incredible; yet, the literature also indicates that this number reflects, at best, a rather conservative estimate of the actual numbers of children who are abused (deChesnay, Stephens, & West, 1990; Goldman, 1990; National Center on Child Abuse and Neglect, 1986). Approximately 100,000 new cases of sexual abuse *alone* are reported each year in the United States (Gargiulo, 1990; Woodling & Kossoris, 1981). The true yearly incidence, however, has been estimated to exceed 300,000 cases of sexual abuse per year (Gargiulo, 1990; Woodling & Kossoris, 1981). Therefore, it is apparent that statistics on abuse continue to be inaccurate and significantly underreported.

Several issues have been identified as factors which contribute to reporting inadequacies. One major issue relates to variances in definitions of abuse and neglect. Definitions of what constitutes abuse and neglect fluctuate among communities; e.g., what might be considered effective discipline in another. Figure 1 presents a brief list of terms and definitions to clarify the use of each in the context of this manuscript.

A second issue concerns the professionals, such as teachers and physicians, with whom children have fairly consistent contact. Although these professionals are in prime positions to recognize abuse and are mandated to report suspicions, experts suggest that many fail to do so. Such an issue is compounded by the fact that some signs of abuse are difficult to detect. Finally, families may fail to report an incident based on their fears of legal repercussions and/or the destruction of the family unit (Goldman & Gargiulo, 1987; Parke & Collmer, 1975).

Although the majority of concerns are raised on behalf of preschool or young school-aged children, about 25% of the documented reports concerning maltreatment involve adolescents (Schor, 1987). While both male and female adolescents experience abusive episodes, teenage girls are more likely to experience a broad range of maltreatment. In contrast, male adolescents seem to experience abuse that is more specific in nature. For example, males are less likely to be physically neglected but more likely to experience emotional abuse and educational neglect.

The literature also suggests that males tend to be more reluctant to report incidents of abuse. Male victims differ from females in that they experience somewhat different concerns or fears related to potential, personal outcomes of abuse disclosure. In some instances, young males fear that disclosure to parents or others will result in restrictions of personal freedom; i.e., closer parental supervision and a loss of independence and freedom outside the home. When there are incidents of sexual assault, males often experience fears of sexual confusion and/or homosexual tendencies. Under such circumstances, the mere process of discussing the incident can compound these inherent fears.

Finally, an underlying, pervasive influence is the fact that boys are enculturated to more emotionally private (Goldman & Wheeler, 1986).

Child Abuse and Neglect

Abuse and neglect are terms not easily defined. According to Meier and Sloan (1984) abuse and neglect vary over time, across cultures, and among diverse cultural and social groups. Categories of abuse are seldom mutually exclusive. For example, in cases of sexual abuse, violence is often implicit in not only the physical acts wrought on the victim but also in the accompanying psychological intimidation; the victim is threatened in complicity by searing into *secrecy or else*. The following terms are defined for clarification purposes as well as to provide a basic knowledge of the terminology associated with child abuse and neglect.

Physical Abuse

The National Center on Child Abuse and Neglect (1986) describes physical abuse as violent assaults, nonaccidental inflictions or actions that lead to possible injury or harm of a child. Many experts place corporal punishment (e.g., paddling or spanking in schools) under this category.

Emotional Abuse

Emotional maltreatment includes the use of severe disparagement, humiliation, rejection, fear, or guilt as a means to control or shape a child's behavior. It is characterized by inadequate nurturance and encouraging or knowingly permitting antisocial behaviors such as delinquency or substance abuse.

Sexual Abuse

Any act which arouses or uses a child for sexual gratification is categorized as sexual abuse. This involves the exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosexual development, and role within the family (Schlesinger, 1982). Child prostitution and pornography are included under this category.

Neglect

Neglect embraces such parental omissions as abandonment, lack of proper parental care, supervision, or control, or the failure to provide basic necessities such as clothing and food. Although insidious, neglect receives little attention in either research endeavors or among the public at large (Goldman, 1986).

Figure 1. Child Abuse and Neglect: Definitions of Terms

As a general age group, adolescents (ages 12-17) show the highest rate of sexual abuse. Related research suggests that sibling abuse may be among the most common forms of physical abuse or maltreatment (Goldman & Wheeler, 1986). Female siblings who have been abused often report that they are victims of daily beatings and/or frequent threats with weapons from brothers. Sibling incest (typically between an older brother and a younger sister) generally is believed to be the most commonly occurring type of incest (Finkelhor, 1980); nonetheless, it is far less likely to be reported than other types of incest (Cole, 1982). Underreporting appears to be related, for unclear reasons, to the suggestion that sibling incest is considered by some to be a more benign form of sexual abuse (Lukianowicz, 1972; Strong & Reynolds, 1982; Wiehe, 1990). However, Cole (1982) proposed that sibling incest is harmful and is frequently as traumatizing as sexual abuse perpetrated by an adult. It is curious to note that when sibling abuse occurs, the same child can be *both* a victim and perpetrator. According to Green (1984), a child with a learning problem may receive abuse from his parents and then act in an aggressive manner toward a younger sibling.

Abusive situations occur everywhere. No socioeconomic group or geographic setting is free of child maltreatment. Incidence rates are similar for rural, urban, and suburban communities. However, abuse tends to be identified more readily when it occurs within families from a lower socioeconomic status. Typically, these families have more frequent contacts with social agencies for general survival purposes (e.g., social workers and welfare agents); thus, incidents of abuse are more likely to be recognized by professionals and appropriate authorities.

It has been noted that professionals such as teachers are in a prime position to recognize abuse. Nevertheless, there are a number of school professionals who endorse the use of *corporal punishment* for disciplinary purposes. Most experts in child care place corporal punishment under the category of physical abuse (Parents and Teachers Against Violence in Education (PTAVE), 1987). In this context, school professionals who recommend or engage in the use of corporal punishment are, in effect, perpetrators of abuse.

A survey conducted by the United States Department of Education revealed that approximately one million *legal* spankings/paddlings are inflicted on school children annually in the United States. Many experts claim that the true number is actually much higher, and some propose that children and youth with behavior problems are particularly high risk targets for physical punishment in school. Difficulty in conforming to school rules, inappropriate response patterns, irritating behaviors, plus poor performance in social and academic arenas typically establish these children as *problem* students, i.e., discipline problems. Research strongly suggests that an effect of corporal punishment is the destruction of natural feelings of empathy

between children and authority figures which is replaced, instead, by feelings of antagonism (PTAVE, 1987; Toro, 1982). This seems to occur especially among children with emotional or behavioral problems; the children who have difficulty forming positive relationships under optimal conditions. Consequently, children with EBD expend or divert much of their creative energy into tactics to avoid punishment (e.g., not get caught) or to devise strategies to gain revenge (McGuire & Simpson, 1990).

The Dynamics of Abuse

Three elements interact to create an environment in which an incident of abuse is likely to occur: a) the abuser; b) the victim; and c) a crisis (Goldman, 1990; Helfer, 1975; Johnson & Showers, 1985; Wolfe, 1985). The descriptive overview of each element provides a context for better understanding the complex dilemma of child abuse.

Abusers

Abusers are both males and females and are typically the adult authority figure in a family configuration. Although the tendency to act in an abusive manner does not seem to be gender specific, the *nature* of abuse does seem to be gender related. For example, females are more likely to inflict physical abuse, while perpetrators of sexual abuse are more likely to be males. Russell (1984) studied this phenomenon and proposed that a constellation of complex variables contribute to gender-related differences. Her underlying premise refers to the socialization of women and men in respective gender roles as an influence on their relationships with children.

Russell (1983; 1984) proposed that women are socialized to seek relationships with partners who are older and more powerful than themselves and that men are culturally sanctioned to seek relationships with younger, more vulnerable partners. Russell theorized, therefore, that men would be more likely than women to view children in sexual contexts. This theorized difference in the "view" of children is confounded by the enculturated roles and societal expectations for parents (deChesnay, et al., 1990; Russell, 1984).

Females (mothers) tend to spend more time with their children and tend to assume the primary roles in child care activities (e.g., bathing, feeding, changing diapers). In the maternal role females are socialized to bond with and nurture children, thus, to assume positions of protection and responsibility for their children (Russell, 1983). In contrast, fathers are less likely to fulfill primary care or nurturing roles, therefore tend to be more emotionally distanced from their children (deChesnay, et al., 1990; Goldman, 1990; Goldman & Wheeler, 1986; Russell, 1983). Consequently, the mother-child dyad places women in the position to experience more frequent episodes of parenting frustrations and tensions.

When the potentially abusive female becomes enraged, she is likely to choose physical responses, e.g., hitting or slapping the child. Russell (1984) suggested that abusive women, as a result of the complex interaction between personal sexual attitudes and the nurturing/protective role, usually will refrain from sexual encounters with their children. Russell recognized that women tend to be more inhibited concerning sexual contact, sensitive to sexual exploitation, and more likely to control sexual impulses. Thus, women usually refrain from sexual encounters with their children because they know *this* will be harmful. Rather, the abusive female will choose physical reactions and then excuse such responses as necessary forms of parental discipline.

The implication is not that females alone choose physical abuse, nor that males uniquely perpetrate sexual abuses but that the incidence of these types of abuse are more aligned with the gender of the abuser. deChesnay et al. (1990) suggested that when either parent develops an emotional bond with his or her child, the likelihood that the parent will sexually abuse the child is diminished. Conversely, parents who are not directly involved in the developmental aspects of their child's life and fail to develop healthy emotional bonds are more likely to engage in abuse (Goldman & Wheeler, 1986).

While no single characteristic has been universally attributed to perpetrators of abuse, there are several common characteristics that have been identified. Commonalities may be both personal and environmental. The descriptors provided are neither exhaustive nor to be inferred as definitive in identifying perpetrators of abuse. Rather, the list represents a compilation of the characteristics of abusers most frequently cited in the literature.

- Substance abuse
- Absent parenting skills/knowledge
- Excessive discipline
- Perception of children as "difficult"
- Low self-esteem
- Rigidity and compulsiveness
- Inability to offer or accept emotional support
- Dysfunctional marital relationship
- Geographic and/or social isolation
- Parental history of abuse/neglect
- Unrealistic expectations and demands (Goldman & Gargiulo, 1990).

The Victim: Exceptional Children at Risk

Although any child is vulnerable to abuse, exceptional children appear to be overrepresented as victims (Goldman, 1990; Meier & Sloan, 1984). To date, a definitive relationship between exceptionality and risk for abuse has not been established; nonetheless, experts continue to suggest a

meaningful interaction (Soeffing, 1975; Zirpoli, 1986). Certainly, some exceptional children and youth display a liturgy of undesirable behaviors, behaviors that have occurred over an extended period of time.

The behavioral characteristics of some children and youth place them at risk or more vulnerable to abuse than other youngsters. Typically, high risk youngsters repeatedly exhibit undesirable and/or irritating behaviors including hyperactivity, poor relationships with peers and adults, and reactive responses such as hostility and environmental disruption (Calam, 1983; Kauffman, 1989). Under some circumstances, parents perceive such behaviors as threatening to their carefully constructed lives/lifestyles; as a result, the behaviors exacerbate or increase the risk (Gemmell, 1990).

The characteristics associated with abused youngsters are remarkably similar to the characteristics associated with children identified as emotionally disturbed or behaviorally disordered. The following is a list of descriptors commonly applied to both youngsters who have been abused and those who have been identified as EBD.

- Attention/listening/concentration difficulties
- Speech problems
- Irritable, sensitive, sad temperament
- Hostile feelings, behaviors
- Depression
- Underachievement
- Restlessness or overly active
- Resistant to discipline
- Actions of vengeance, callousness, punitiveness, aggression, or self-aggression
- Poor hygiene, lack of self-help skills
- Physical complaints (Goldman & Wheeler, 1986; Kauffman, 1989).

Significantly less attention has been assigned to adolescents as victims of abuse in the research literature than to younger groups. However, in recent years, research has begun to target adolescent suicide, prostitution, and incarceration into legal or psychiatric institutions as the plausible outcomes of chronic abuse.

Adolescence is, at best, a period of considerable stress and tension with significant physical and psychological changes occurring at a rapid rate. During this period, adolescents seek to master and refine sophisticated tasks such as abstract thought, achieving independence, and developing a social/emotional identity.

Adolescents who are able to access available adjustive resources (e.g., family support systems, friends, counselors, and leisure activities) tend to develop a balanced response or coping system (McGuire & Simpson, 1990). In contrast, children and youth who have experienced prolonged abuse

frequently are unaware of or unable to access supportive resources. They tend to become increasingly enmeshed in the crisis aspects of their lives, which typically results in the escalation of negative and depressive factors to unmanageable levels. Research has demonstrated that such emotional states lead to poor self images, depression, and hopelessness (Gemmell, 1990). These are critical factors among youth at risk for self-destructive thoughts and behaviors. This self-destructive state may lead to self-inflicted abuses or can be manifested in provoking behaviors that result in abuses inflicted by others.

The Crisis

The crisis is any precipitating factor that sets the abusive parent, caretaker, or significant other in motion. Frequently, the crisis triggers a response to a culmination of frustrations; that is, the abuser overreacts to the crisis as a result of other stresses that are too numerous or too complex for coping. Loss of a job, divorce, illness, a death in the family, or feelings of inadequacy can launch abuse. The abused becomes an available, easy target for the abuser to act out emotions of anxiety and frustration. Under such circumstances, abuse is seldom an isolated and single incident but rather a recurring phenomenon. For example, researchers (Frude, 1982; Stark, 1984) have reported that the average duration of incest lasts between two and three years.

Outcomes of Abuse

When parents or "significant others" give abusive messages, they may be establishing the antecedents for behavior disorders. When a youngster hears, *You are so . . . lazy . . . irritable . . . incorrigible . . . underachieving . . . hostile . . . that child may come to believe, I must be . . . bad . . . a failure . . . worthless . . . hateful . . . asking for it . . . deserving of this treatment.*

The severity or long term effect of abuse tends to depend on the perceptions of others in dealing with the abused child and the abusive situation (Goldman & Wheeler, 1986; Gruber, 1981). Essentially, once abuse has been disclosed, negative effects can be exacerbated by the attitudes and behaviors of others. Victims can be treated as though they were "damaged goods." In incest cases, for example, a mother's relationship to her daughter can either hasten or prolong the process of psychological healing (Goldman & Wheeler, 1986).

A significant issue in analyzing the depth or degree of the long term effects of abuse is the perceptions of others regarding the role of the abuser and abused. deChesnay et al. (1990) reviewed five studies concerning attribution of blame in cases of incest. In these studies the subjects, randomly selected professionals and university students, were asked to review abuse cases and determine whether and where blame could be placed. Results revealed

that most subjects attributed blame to the offender, some to situational and environmental factors, and relatively few subjects blamed the victim. Interestingly, among subjects who *did* attribute blame to the victim, males more frequently blamed victims than did females.

The impact of abuse on the victim may be affective (e.g., anxiety, depression, anger), physical (e.g., injuries), psychosomatic (e.g., stomachaches, headaches), cognitive (e.g., attention and concentration problems), sexual (e.g., promiscuity, preoccupation with sexual matters), and behavioral (e.g., aggression, withdrawal). Further, abused children may exhibit behaviors indicative of alienation, hostility, mistrust, and poor interpersonal relationships, as well as vengeance, callousness, and punitiveness. As abused children grow into adolescence, they may demonstrate academic failure, sophisticated aggression, withdrawal, immaturity, and self destructive behaviors. A single, universal outcome of abuse tends to be *intergenerationality*. That is, abused children are likely to become adult victims or abusive parents; thus, they become part of the pool from which the next generation of abusive parents will emerge.

Abusive situations more often are terminated due to attrition (e.g., a teenager runs away or the perpetrator selects another, younger victim) rather than as an outcome of disclosure. Many factors contribute to this situation, and extend beyond the scope of this discussion. Nonetheless, there are opportunities for teachers and other professionals to actively assist in prevention and intervention efforts.

Opportunities for Intervention and Prevention

Regular and special education teachers have significant, responsible roles in the identification, referral, treatment, and prevention of child abuse and neglect. In each of these roles, a teacher can function as a valuable resource for children and youth with whom he or she has contact, parents, and colleagues. Thus, teachers need to become acquainted with the various roles in which they will participate and strive to acquire a thorough knowledge about child abuse and neglect.

In the **identification** role professionals must be able to recognize physical, behavioral, and environmental indicators of abuse. Identification, however, not only involves alertness to overt signs. In addition, it is critical for teachers to establish a classroom environment that permits the emergence of less obvious signs and signals. Such an environment ensures children feel emotionally and physically safe, enables children to realize that they have a right to feel safe, and encourages them to trust that they can safely reveal when they feel threatened or afraid at home or in other situations.

The **referral** process necessitates that teachers become cognizant of the mandated reporting laws enacted in all states and U.S. protectorates. Essentially, teachers need to be aware of the liability associated with the

failure to report as well as assurances of immunity from any civil or criminal liability when *suspected* abuse is reported in good faith. Since teachers inherently will act in an effort to maximize the victim's safety and minimize the trauma for all persons involved, they need information concerning procedures for gaining access to assistance from social service agencies. Toward these goals, each school district should formulate *written* policies and procedures to guide school personnel in systematically reporting abuse and neglect.

Educators fulfill unique roles as members of medical/legal/social **treatment** teams which are activated when abuse is reported. Since the educator is the team member with whom the child has primary and more consistent contact, it is important for the educator to be included in the overall treatment plan. The educator must not only be aware of the strategy within the plan, but should be an active participant in the intervention and the periodic review of the victim's progress. Uniquely, a teacher may be the sole professional capable of providing a long term and continuous interaction with the child once external interventions have ceased.

The **prevention** aspect of abuse entails interventions with children and youth *and* with parents. In this context, teachers need to serve as models of respect for self and others, as well as models for establishing and maintaining mutually beneficial interactions and relationships. Thus, the commitment to parents involves teaching parents and children (future parents) appropriate parenting skills. Schools and community agencies can develop and implement programs designed to improve parent-child interaction processes. Effective discipline, communication skills, the use of positive reinforcement, and related behaviors can provide parents with an enhanced repertoire of management skills. Such skills serve as the replacement behaviors for previously employed abusive techniques.

Children need to learn acceptable strategies for coping with life variables, stressful situations, and for accepting responsibility for their actions and personal welfare. There is a need for schools to create and implement curricula to teach children and youth the skills needed for establishing positive human relations. Programs which emphasize emotional and social development encourage children to learn appropriate interpersonal/social skills and, therefore, to recognize when relationships are inappropriate or dysfunctional. In consequence, children can become self-advocates and agents of personal protection.

Summary

It seems logical that abusive messages from parents and other significant adults may be establishing the antecedents for behavior disorders. This seems particularly intriguing when one considers that the characteristics associated with abused youngsters tend to parallel those associated with

children with EBD. The increasing concern that a relationship may exist between abusive treatment and exceptionality—particularly behavioral or emotional disorders—is a matter that requires further research.

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Achievement, Locus of Control, and Study Orientation of Adolescents With and Without Behavior Disorders¹

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The federal definition of behavior disorders (BD) ("seriously emotionally disturbed") states one possible condition for identification as "an inability to learn that cannot be explained by intellectual, sensory, or health factors." It is clear that students with behavior disorders do generally show poor academic achievement (Epstein, Kinder, & Bursuck, 1989; Mastropieri, Jenkins, & Scruggs, 1985). There is some evidence to suggest that students' level of achievement may vary across academic content areas (Epstein et al., 1989; Mastropieri et al., 1985) and the degree of underachievement appears to increase as the student becomes older (Coutinho, 1986).

Poor academic achievement of students has been linked to the variables of locus of control (Findley & Cooper, 1983; Stipek & Weisz, 1981) and student survival skills, (Brown, Kerr, Zigmond, & Harris, 1984; Pressley, Johnson, Symons, McGoldrick, & Kurita, 1989). Locus of control is one's belief about control of life events and outcomes. A person with an external locus of control believes the effect of their effort, talent, or other personal influences to be slight compared to the power of luck or the actions of influential others. Whereas, a person with an internal locus of control perceives events and outcomes to be largely contingent on their ability and effort. Research has indicated that internally oriented persons generally demonstrate higher academic achievement (Findley & Cooper, 1983; Stipek & Weisz, 1981). It appears this effect may be stronger for adolescents than for other age groups, and for males than females (Findley & Cooper, 1983). A limited number of research studies of students with BD tend to support a similar relationship between internal locus of control and academic achievement for this population (Finch, Pezzuti, & Nelson, 1975; Perna, Dunlap, & Dillard, 1983).

Some evidence exists to link locus of control and maladjustment (Lefcourt, 1976), however few investigations have been conducted with students with BD to substantiate this relationship. A recent study compared the locus of control orientation of 9 to 11 year old institutionalized students with emotional disturbance with closely matched nondisabled students (Nowicki & DiGirolamo, 1989). The children with emotional disturbance were

reported to be significantly more externally oriented than their nondisabled peers. However, no significant differences in the locus of control orientation were reported in a similar study comparing 10 year old institutionalized students with emotional disturbance and nondisabled students (Kendall, Deardorff, Finch, & Graham, 1976). By comparison, Morgan (1986) found students with BD to be less internally oriented than students with learning disabilities (LD). In sum, the relationship between locus of control and behavior disorders remains equivocal.

A second variable correlated to academic achievement is student survival skills, a broad range of behaviors that increase the likelihood that a student will profit from instruction. At the simplest level there are basic "survival skills" such as attending class, listening, following directions, completing work, and verbally responding to the teacher (Greenwood, Hops & Walker, 1977; Silverman, Zigmond, & Sansone, 1981). Advanced student survival skills include study and learning strategies (Bos & Vaughn, 1988; Hoover, 1989), techniques to facilitate the acquisition, manipulation, integration, retention and storage of information across content and settings (Alley & Deshler, 1979; Deshler & Schumaker, 1986). Examples of these strategies include taking notes, learning from text material, and monitoring one's own comprehension.

It would appear self-evident that student survival skills are fundamental for higher academic achievement of students with mild disabilities. Some research findings link basic student study skills to the academic achievement of elementary aged students (Cartledge & Milburn, 1978; Hoge & Luce, 1979) and secondary school students (Kerr & Zigmond, 1986; Zigmond, Kerr, Brown, & Harris, 1984). However, little research is available describing the relationship of student study skills to the academic performance of students with BD. To summarize, in light of the apparent importance of study skills to students' academic success, the relationship between study skills and the academic success of students with BD appears to be undefined.

Despite the potential relevance of locus of control and student study skills to the academic functioning of students with BD, few data are available describing these academic-related characteristics of students with BD and their relationship to academic performance. For this reason, the present study was conducted to examine the academic achievement, locus of control, and study orientation of young adolescent students with and without BD.

Method

Subjects

Subjects of this study were 58 male school-system identified BD and 35 male nondisabled (ND) students attending suburban public schools in northern Illinois. At the time of the study, the students with BD were

identified under state and district criteria. The identification criteria for BD were essentially the same in each student's school district: a) intelligence, as determined by performance on a standardized IQ test, within the normal range; b) a history of personal, social, and emotional adjustment problems; and c) an absence of sensory, motor, cultural, or linguistic problems that were a primary cause of these adjustment problems. All students with BD had been classified by a multidisciplinary team and had an active Individual Education Program on file.

The group of students with BD was composed of 14 (25%) sixth, 23 (41.1%) seventh, and 19 (33.9%) eighth grade students. All students were receiving educational services in self-contained special education classrooms in integrated schools. Each student was mainstreamed into one or more general education classrooms for instruction in academic (e.g., reading, math) and/or nonacademic content areas (e.g., physical education, music). The mean age of BD group was 13 years, 1 month and the mean IQ score was 99.5 (SD 12.2), with a range of 79-140.

Thirty-five ND students served as comparison subjects for this study. At two of the schools attended by the students with BD, the principals were requested to develop a list of "average-performing" males with no prior history of special education for three grade levels; six, seven, and eight. From their respective lists, the principals were directed to select randomly a group of 20 comparison students stratified across grade levels. The parents of the 40 students were sent letters detailing their son's selection as a member of a comparison group for a research project, the extent of their child's involvement and requesting permission for their child to participate in the study. Signed parental permissions to conduct the testing were received for 35 ND students and 58 students with BD.

The youngsters in the comparison group were enrolled in grades six (27.8%), seven (30.6%) and eight (41.7%). All of the ND students were receiving instruction in general education settings. None were enrolled in any type of remedial education program (e.g., remedial reading) nor had ever been identified for special education. The mean age for the group was 12 years, 11 months.

Instruments

The Quick-Score Achievement Test (Q-SAT) (Hammill, Ammer, Cronin, Mandelbaum, & Quinby, 1987) was given to assess general academic achievement. The test contains writing, arithmetic, reading and general facts subtests, as well as a total academic achievement index. The writing subtest measures technical writing skills (e.g., spelling, punctuation). Basic computation skills (e.g., addition, subtraction) and ability to solve mathematical problems are assessed by the arithmetic subtest. The reading subtest is a word recognition measure with the scoring based on the accuracy

of the student's pronunciation of the words. Twenty factual questions from various content areas (e.g., science, music) comprise the facts subtest. Students' responses were processed to produce standard scores according to the instructions in the manual.

The Q-SAT is a reliable and valid measure of academic achievement when used for screening students experiencing academic difficulties and for research purposes (Hammill et al., 1987). Adequate reliability coefficients were reported for internal consistency (0.81 to 0.95) and test-retest reliability (0.77 to 0.96). For criterion validity, the median coefficients between corresponding subtests of the Q-SAT and standardized achievement tests ranged from 0.48 to 0.60 (Hammill et al., 1987).

The Intellectual-Achievement Responsibility Questionnaire (IAR) (Crandall, Katkovsky, & Crandall, 1965) is a self-report scale of locus of control. It measures the extent to which students attribute their school successes and failures to internal sources such as their own actions and abilities. Students must choose either an internal or an external response choice for each of 34 items, half of which describe a successful outcome and half, an unsuccessful outcome. The IAR yields three scores: a) Internal positive, the sum of internal choices to successful outcome items; b) Internal negative, the sum of internal choices to unsuccessful outcome items; and c) Total score, the sum of the Internal positive and negative scores.

The IAR demonstrates evidence of reliability and convergent validity. Test-retest reliabilities for adolescents were: a) Internal positive, 0.47, b) Internal negative, 0.69, and c) Internal total, 0.65 (Crandall et al., 1965; Robinson & Shaver, 1973). For convergent validity, IAR scores were significantly related to report-card grades and achievement test scores (Robinson & Shaver, 1973).

The Survey of Study Habits and Attitudes (SSHA) (Brown & Holtzman, 1967) was given to assess study methods, motivation for studying, and attitudes toward school. It is a 100-item, self-report instrument in which the student rates the frequency of each itemized behavior on a 1 (rarely) to 5 (almost always) scale. The SSHA generates seven scores: a) delay avoidance, b) work methods, c) study habits subscale (delay avoidance plus work method scores), d) teacher approval, e) education acceptance, f) study attitudes subscale (teacher approval plus education acceptance), and g) total score ("study orientation").

The SSHA has been shown to be a reliable and valid measure of study habits and attitudes when used for describing students' strengths and weaknesses in regard to study methods, motivation, and school attitudes. Acceptable reliability coefficients have been reported for internal consistency (.87 - .89) and test-retest reliability (.83 - .93). As a measure of criterion validity, students' SSHA ratings were significantly correlated with academic

grades (.31 - .85, $M = .55$) (Brown & Holtzman, 1967).

Procedures

Six graduate students in special education were trained to administer and score the Q-SAT, IAR, and SSHA as specified in their respective test manuals. The tests were administered in two, one-hour sessions that were generally scheduled within a one-week period. In session one, the Q-SAT and IAR were given; in session two, the SSHA was administered. Each student was tested individually, outside of the classroom in an unoccupied area (e.g., conference room) of the school.

Data Analysis

In order to explore possible relationships between the three achievement variables, Pearson correlation coefficients were computed between appropriate pairs of Q-SAT, IAR, and SSHA subtest and total scores. This was done separately for the students with BD and ND students, and alpha was set at .01 in light of the number of coefficients computed.

To determine whether any significant differences existed between the two student groups, t-tests were applied to the dependent measures. Because of the large number of contrasts the alpha level was set at .01.

Table 1

Pearson r s between Q-SAT, IAR, and SSHA Variables Measured on the Combined BD and NH Groups

	Q-SAT					IAR			SSHA						
	Writ	Arif	Read	Fact	Tota	Posi	Nega	Tota	Dela	Work	Habi	Teac	Educ	Atti	Tota
Q-SAT															
Writ	—	.44	.47	.36	.77	-.01	.18	.06	.18	.06	.13	.17	.20	.19	.18
Arif		—	.39	.51	.78	.16	-.01	.09	.18	.07	.14	.15	.19	.18	.17
Read			—	.35	.68	-.01	.17	.05	.27	.23	.28	.16	.27	.22	.27
Fact				—	.75	.11	.13	.18	.07	.11	.10	.14	.22	.19	.16
Tota					—	.08	.15	.12	.21	.15	.20	.22	.29	.26	.25
IAR															
Posi						—	.39	.85	.27	.19	.26	.14	.17	.16	.22
Nega							—	.67	.10	.05	.09	.08	.03	.06	.08
Tota								—	.25	.19	.24	.19	.18	.19	.23
SSHA															
Dela									—	.67	.92	.60	.67	.66	.84
Work										—	.91	.56	.67	.64	.82
Habi											—	.64	.73	.71	.90
Teac												—	.84	.97	.89
Educ													—	.95	.92
Atti														—	.94
Tota															—

Note. Writ=writing, arif=arithmetic, read=reading, fact=general facts, tota=total test score, posi=internal positive, nega=internal negative, dela=delay avoidance, work=work methods, habi=study habits, teac=teacher approval, educ=education acceptance, and atti=study attitudes.

Results

The r of each pair of scores computed for the ND group was compared to the corresponding r computed for the group with BD using a z-score test procedure (Guilford & Fruchter, 1973). These comparisons revealed that in no case was the r computed for the ND group significantly different from the r for the group with BD. Therefore, the ND and subjects with BD were pooled, and Pearson r s again computed between pairs of scores. Results are presented in Table 1.

First, all Q-SAT subtests and total were significantly interrelated. The r s ranged from moderate to high levels, similar to these statistics as reported in the norms table of the Q-SAT manual. Further, all IAR subtests and total were significantly interrelated, again ranging from moderate to high levels. The SSHA subtests and total also were significantly interrelated, at moderate to high levels of r .

Second, no Q-SAT score was significantly related to any IAR score. Only the Q-SAT reading subtest was associated with four subscales of the SSHA; delay avoidance, study habits subtotal, education acceptance, and the SSHA total. Third, only the Internal positive scores of the IAR was related significantly to two subscales of the SSHA; delay avoidance and study habits subtotal. Finally, an examination of the total scores of the three measures, using a slightly less stringent criterion of alpha, revealed low correlations between SSHA and Q-SAT, $r=.25$, $p=.016$, and between SSHA and IAR, $r=.23$, $p=.029$; but the Q-SAT and IAR total scores were not correlated.

The means and standard deviations for the students with BD and ND student groups on the various measures appear in Table 2. No significant group differences were found on the IAR total or subtests, or the SSHA total or subtests. Thus, students with BD and ND students appear to be similar in terms of an academically-oriented measure of locus of control and a scale of study habits and attitudes. In contrast, on the standardized achievement test the ND students significantly outperformed the students with BD on each of the subtests and the total score.

Based on these Q-SAT results and their interpretation as presented in the manual, the typical ND young adolescent subject achieved within the average range (standard score of 8-12) on each subtest and overall. The typical young adolescent subject with BD showed average achievement in arithmetic, low average in reading, and below average (less than 25th percentile) on the writing and facts subtests.

Table 2

Means and Standard Deviations of Q-SAT, IAR, and SSHA Data on the Two Student Groups, with Significance Levels of Group Comparisons.

<u>Measure</u>	<u>Behavior</u> <u>Disordered</u>		<u>Nonhandicapped</u>		<u>p.</u>
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	
<u>Q-SAT</u>					
Writing	7.37	3.08	9.40	3.08	.003
Arithmetic	9.41	2.63	11.49	2.75	.001
Reading	8.25	2.31	9.94	1.92	.001
Facts	7.84	2.61	11.31	2.15	.001
Total	32.93	7.70	42.43	7.09	.001
<u>IAR</u>					
Positive	13.46	2.43	13.48	3.29	ns
Negative	12.00	3.67	12.11	1.98	ns
Total	25.11	5.30	25.57	3.29	ns
<u>SSHA</u>					
Delay avoidance	16.82	9.08	18.37	7.26	ns
Work methods	20.68	8.89	19.17	6.59	ns
Study habits	37.50	16.54	37.54	12.66	ns
Teacher approval	20.57	11.66	22.57	10.57	ns
Education acceptance	20.54	7.88	22.86	9.43	ns
Study attitudes	41.11	18.76	45.43	19.19	ns
Total	78.57	32.96	82.87	29.08	ns

Discussion

The purpose of this study was to examine and compare the academic achievement, locus of control, and study orientation of young adolescents with BD and their ND peers. In consideration of their average measured IQ, the group with BD must be regarded as seriously underachieving in the mechanics of writing (spelling, punctuation) and in knowledge of basic facts about social studies, science, and everyday "cultural literacy." They are somewhat underachieving in reading (word recognition), but achieving normally in arithmetic (mainly calculation). These results are compatible with but add some detail to existing data on the academic achievement and problems of students with BD (e.g., Coutinho, 1986; Epstein et al., 1989; Mastropieri et al., 1985).

Results of the present study indicated that locus of control was unrelated to tested academic achievement. That is, in the present samples higher-achieving students were not more likely to attribute educational successes or failures to their own ability or effort than were lower-achieving students. This finding runs counter to the bulk of evidence describing a positive relationship between locus of control and academic performance for nondisabled persons (Findley & Cooper, 1983). Also, students with BD and ND students did not differ on locus of control. Two possible interpretations may be made from these results. First, these data do not support an assumption that achievement problems of students with BD might be due to their perception that they have little personal control over academic outcomes. Secondly, that the IAR may not be an accurate measure of locus of control of students with BD and that their responses may be influenced by other factors such as social desirability.

The results provided limited evidence that self-reported study habits and attitudes are significantly related to standardized achievement of students with BD and ND students. Reading achievement was correlated with some study habits and attitudes, and overall achievement was correlated at a low degree (.25) with overall study habits and attitudes. However, SSHA variables did not distinguish between the students with BD and ND groups. Although higher achievers did report better study habits and attitudes, present results did not support an assumption that students' with BD lower academic achievement is attributable to deficits in their knowledge and appreciation of student survival skills, at least of the kind assessed by the SSHA. Certainly, other direct measures of study skill knowledge, proficiency and application (e.g., curriculum-based measurement) are needed to further document these findings.

Implications of the present results may be limited by several methodological considerations. Subject limitations include the fact that only young adolescent males attending schools in suburban areas of a large midwestern city were studied. Generalization of findings to elementary and senior-high aged students in other geographic settings, to students with BD not placed in self-contained classes, and to female students is not possible. Second, the nature of each dependent variable needs to be considered. The basic tool skills measured by the Q-SAT do not cover all important learning areas (e.g., reading comprehension) and outcomes (e.g., application of skills) especially for secondary school students. Future research efforts should incorporate other achievement measures such as grades and curriculum-based measurement. The IAR focuses on a young person's attributions of control for educational outcomes (e.g., grades, classwork completed) rather than general life successes and failures (e.g., making or losing a friend) such as are assessed in other locus of control measures. The study orientation measure utilized addresses a selected range of self-reported behaviors and attitudes. Other methods such as direct observation and

teacher ratings may describe more accurately students' study habits and attitudes. Third, the representativeness of the sample may limit the generalizability of these results. The identified differences or lack thereof may be an artifact of other school-related factors (e.g., socioeconomic status) in the previously identified schools and may not describe accurately the characteristics of the population at large. Even so, these findings extend the database describing the relationship between locus of control, student survival skills, and academic achievement of students with BD, particularly for secondary school students.

The fact remains that students with BD are academic underachievers. The lack of a significant relationship between academic achievement, locus of control and study skills and attitudes toward school are indicators that there may be other factors that are more closely associated with the academic success of these students. Future research endeavors should continue to examine the relationship of locus of control and student study skills to the academic performance of adolescents with BD using larger samples and other methods of measurement (e.g., direct observation). In addition, investigators should expand their research emphases to include other student related variables such as student motivation for academic success and their competencies in other academic skills (e.g., written expression, oral communication). Not to be overlooked is the fact the effectiveness of the academic instruction they receive in special education and regular education classrooms, content area curricula, and comprehensiveness of their educational programs may effect students' achievement.

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Behavioral, Academic, and Social Competencies of Handicapped and Non-Handicapped Juvenile Offenders

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Annually, over 1,500,000 juveniles are arrested and in excess of 800,000 are adjudicated and placed in some type of custodial facility (Office of Juvenile Justice and Delinquency Prevention, 1989). Estimates regarding the prevalence of handicapping conditions among adjudicated juveniles in custodial care vary radically, but are generally reported to be around 33% (Kardash & Rutherford, 1983). Nationwide, the total number of youth receiving special education services in some type of correctional facility during the 1986-1987 school year was 12,541. These youth were overwhelmingly identified as either learning disabled (LD) (3,198), .17% of the identified LD population, or emotionally/behaviorally disordered (E/BD) (7,189), 1.91% of the identified E/BD population (U.S. Department of Education [USDE], 1989).

Rehabilitative programs in juvenile justice have for many years received widespread criticism as being ineffective (Arnold & Brungardt, 1983; Lab & Whitehead, 1988). However, programs which have been effective in reducing recidivism among juvenile offenders have reported two common components: a) specific interventions aimed at ameliorating deficits in the personal skills required to succeed in society (e.g., academic, interpersonal, vocational) (Romig, 1978), and b) supervised structured transition from the juvenile facility into the community (Fagan, Forst, & Vivona, 1988). Successful programs also report that education, both within the juvenile facility and in the community, is a key ingredient of the intervention design (American Correctional Association, 1986).

Scholastically, while juvenile offenders are collectively characterized as having poor school behavior and academic achievement (Reilly, Wheeler, & Etlinger, 1985; Walter, 1988; Zucker, 1989) they are not a homogeneous group. Numerous studies have identified a disproportionate number of juvenile delinquents as handicapped, particularly as having LD (Dunivant, 1982a, 1982b) and/or E/BD (Kardash & Rutherford, 1983; Prout, 1981; Rutherford, Nelson, & Wolford, 1985). Therefore, appropriate educational programming for juvenile offenders is contingent on the identification of the diverse academic, interpersonal, and vocational needs of the individual (Pasternack, Portillos, & Hoff, 1988; Rutherford, et al., 1985).

The purpose of this investigation was to elicit discriminating characteristics which may assist in the identification and assessment of adjudicated LD and E/BD adolescents. Specifically, this study explored similarities and differences between non-handicapped, LD, and E/BD adjudicated juvenile offenders residing in juvenile correctional facilities. Variables examined in this investigation were a) type of offense; b) intelligence quotient score—verbal, performance and full-scale; c) achievement in reading and mathematics; d) classroom behavior, as measured by the classroom teacher; e) self-report of self-esteem; and f) measures of social competence, as measured by self-reported behavior.

Method

The design of this study was dictated by the type of information the researchers wished to obtain. Data utilized in this study were collected through a review of juvenile records, self-report instruments, and teacher observations.

Subjects/Settings

The subjects in this study were residents of two state operated juvenile correctional facilities. They were committed to the facilities by juvenile courts for delinquent acts. All subjects were male and were residents between August 25, 1989 and January 31, 1990. The sites met the OJJDP description of training schools and the U.S. Census Department definition of long term institutional facilities, in that they a) impose restraints on and monitor juvenile movement within the facility, b) limit access to the community, c) typically are long term placements (average of 8 months), and d) all youth are court ordered to the facility (OJJDP, 1988a). Both sites were facilities whose function was to provide custodial control and non-specific rehabilitative interventions with adjudicated youth. Non-specific in this case means that the resident youth were not identified as being primarily in need of either substance abuse or psychiatric treatment.

Instrumentation

Information accrued in this study was obtained from several sources. Juvenile records were reviewed to obtain data regarding the type of offense, level of intellectual functioning as measured by the Wechsler Intelligence Scale for Children-Revised [WISC-R] (Wechsler, 1974), and scores on reading and mathematics achievement as measured by the Woodcock-Johnson Psycho-Educational Battery, Part II: Tests of Achievement (Woodcock & Johnson, 1978).

Other data were obtained by using two behavior rating instruments and a measure of self-concept. Because these instruments are not widely used each one is briefly described.

Behavior Dimensions Rating Scale (BDRS).

The BDRS (Bullock & Wilson, 1989) was developed to examine the patterns of behaviors demonstrated by subjects with behavioral problems. Its characteristics have been influenced by numerous research studies (Bullock & Zagar, 1980; Bullock, Wilson, Sarnacki & Campbell, 1990; Bullock, Zagar, Donahue, & Pelton, 1985; Johnson, 1983; Wilson, Moore, & Bullock, 1987). The BDRS meets the criteria established by Wilson (1980) for improved behavior rating scale construction. The BDRS meets the criteria established by Wilson (1980) for improved behavior rating scale construction. The BDRS was normed using an ethnically and geographically representative national sample which included both handicapped and non-handicapped subjects. Research has shown response patterns of ratings on regular education, special education, and correctional education students to be factorially equivalent. This finding means the BDRS may be used in correctional settings with a greater degree of confidence than instruments not specifically validated for use in correctional settings (Campbell, Bullock, & Wilson, 1990).

Behavioral Rating Profile (BRP).

The BRP (Brown & Hammill, 1978) provides an ecological approach to behavioral assessment. BRP provides insight regarding subject behavior from four socially relevant sources: teachers, parents, peers, and the subject. The BRP was standardized on a sample (N=1,326 students) from 11 states, including the state in which this study was conducted. In this investigation data from the Student Rating Scales of the BRP were utilized.

How I See Myself Scale.

The HISMS (Gordon, 1968) was designed to measure a child's perception of self and school. The HISMS was chosen because it is sensitive to the influence of school experiences on the self-esteem of children and youth and developmental changes in self-concept.

Procedures

The research design required data to be collected through records review, student assessment, and teacher report.

Records Review.

Juvenile records containing demographic, offense, and educational assessment data were maintained for all juveniles in each facility. Data collectors reviewed each selected sample member's records for the following information: full-scale IQ quotient score, verbal IQ quotient score, performance IQ quotient score, mathematics and reading achievement scores, date of birth, number of parents in the household, ethnicity, and type of offense. A numerical code was used to designate whether the sample member was non-handicapped, LD, or E/BD.

Student Assessment.

The BRP and HISMS were administered by the data collectors to students in small group settings.

Teacher Rating of Behaviors.

Teachers were selected based on their willingness to participate and their ability to meet the requirements for completing the BDRS. Teachers had a minimum of three weeks classroom experience with the sample subject being rated. Data collectors distributed BDRS rating scales to teachers prior to student assessment and collected the rating scales one week later.

Data Analysis

Analysis of the data collected from the sample ($N=112$) was conducted in three stages. The first stage was to provide descriptive statistics on each of the following variables: age, number of parents in the home, types of offense, full scale IQ quotient, performance IQ quotient, mathematics and reading standardized scores, teacher ratings of classroom behavior, student ratings of self-esteem, and student ratings of behavior. Statistics included measures of central tendency and variance.

For the second stage of the analysis, the One-Way Analysis of Variance was used to test for the significant statistical differences between mean scores of each group of subjects (non-handicapped, LD, and E/BD) on the measured variables.

For this study, there were three individual comparisons (i.e., JD x LD, LD x E/BD, JD x E/BD) that comprised the comparison-wise comparison for each measurement variable. Additionally, there were an initial eleven variables identified a priori for analysis. In cases where there are both individual comparisons of means and a set-wise comparison of means there are two significance levels to be considered.

The significance level for individual comparisons is of interest and is determined by the researcher(s) based on criteria for Type A and Type B error probability. The significance level for set-wise analysis is the product of the significance level for each of the individual comparisons. If the significance level for the individual comparisons are set at $p < .1$ then the significance level for the set-wise comparison is $.90 \times .90 \times .90 = .729$ thus making the probability of a Type A error, rejecting a null hypothesis which is indeed true, in at least one of the individual comparisons $1 - .729 = .27$, or approximately one in four.

Generally, researchers are concerned with the significance level of individual comparisons and pay little or no attention to set-wise significance levels (Kachigan, 1986). Due to the number of set-wise comparisons and small power associated with approximately 30 sets of subjects (Cohen, 1969),

the researchers decided to make a compromise between the increased likelihood of a Type A error in individual comparisons and set-wise comparisons. In order to account for the increased probability of a Type A error when making multiple comparisons a Scheffe interval with a significance level of $p < .05$ was used (Ferguson, 1981).

The Scheffe interval is the most conservative of possible measures used to guard against Type A errors when making multiple comparisons. It is applicable with comparisons with unequal N's and is relatively robust against violations of normality and homogeneity of variance (Ferguson, 1981).

Since one of the underlying purposes of this study was to investigate the utility of existing or easily administered instruments to assist in the identification of LD and E/BD adjudicated juveniles in juvenile correctional facilities, a third stage of analysis was conducted. Regression analysis was used to determine the nature of the relationship between the measurement variables and the presence of an educational handicap as well as, to determine if there is sufficient variability in the measured variables to distinguish between on-handicapped, LD, and E/BD adjudicated juveniles.

Regression analysis is a statistical procedure that describes the relationship between two variables and provides a regression equation for predicting criterion variable values. It is particularly applicable in this study as it can be used with combinations of continuous and categorical variables (Kachigan, 1986; Pedhazur, 1982).

Results

Demographic Characteristics

The total sample for this study consisted of 112 adjudicated male youth who were residents in two state operated juvenile correctional facilities. Of these, 29% were non-handicapped, 38% were labeled as LD, and 33% were labeled as E/BD. The youth's ages ranged from 13 to 18 years of age, with the average age being slightly over 16. The sample average age was older than the state reported average age (15.6 years) for youths in long-term correctional facilities during the year of 1987 and below the national average (16.4 years) for the same time period (OJJDP, 1988b).

Minorities were over-represented in juvenile correctional facilities both nationally (56%) (OJJDP, 1988a) and within the study state (68%) (OJJDP, 1988b) during 1987. The ethnic composition of the study sample included: Black, 37.5%; Hispanic, 34.8%; Caucasian, 26.8%; and Asian/Pacific, .9%. The total minority representation of 73.2% was greater than the most recent national or state figures reported above.

Offense Type

There were 24 different types of offenses that study subjects could have

had entered into their facility records. Each offense found in an individual's record was coded and entered as data. Specific offenses were grouped by juvenile justice criteria into five categories of offenses: a) crimes against persons; b) crimes against property; c) drug related offenses; d) crimes against public order; and e) status offenses. The effective sample size in this analysis was N=112 subjects.

There were a total of 388 documented offenses committed by the subjects in this study, an average of 3.5 per subject. By group, non-handicapped juveniles averaged 3.5 offenses each, or 29% of the total number of offenses; LD juveniles averaged 3.7 offenses each; or 41% of the total number of offenses; and E/BD juveniles averaged 3.3 offenses each, or 31% of the total number of offenses. Table 1 provides a summary of the study subject's documented offense records by offense category and disability.

A one-way ANOVA of offense category by disability revealed one statistically significant difference between non-handicapped, LD, and E/BD subjects. The number of crimes against property recorded for LD subjects (N=74) was significantly higher than the number of crimes against property recorded for non-handicapped subjects (N=33), $F(2, 109) = 4.28, p < .016$.

Table 1
Summary of Offenses by Offense Category and Group

Offense	Group							
	Non-Handicapped		LD		E/BD		Total	
	N	%	N	%	N	%	N	%
Crimes Against Persons	7	22	11	34	14	44	32	08
Crimes Against Property	33	23	74*	51	38	26	145	37
Drug Related Offenses	19	32	22	37	18	31	59	15
Crimes Against Public Order	29	32	24	27	37	41	90	23
Status Offenses	23	37	23	37	16	26	62	16
Total Offenses	111	29	159	41	123	32	388	100

* $p < .016$. LD offenses and non-handicapped offenses.

Academic Ability

Five measures of cognitive and academic ability were analyzed: a) full-scale intelligence quotient score (IQ); b) performance scale intelligence quotient (PERIQ); c) verbal scale intelligence quotient scale (VERBIQ); d) achievement in reading; and e) achievement in mathematics. This

information was obtained during the records review process. Missing information in subjects' records caused the effective sample size to decrease to $N=108$ in the case of full-scale IQ, $N=91$ for PERIQ, $N=86$ for VERBIQ, and $N=109$ for the achievement in reading and mathematics variables. Table 2 presents a summary of mean scores and standard deviations for measures of cognitive and academic ability by disability.

No statistically significant differences were found between non-handicapped, LD, and E/BD subjects with regards to full-scale intelligence quotient scores $F(2, 107) = 2.17, p < .12$. Likewise, there were no significant differences in the PERIQ or VERBIQ scores of non-handicapped, LD, and E/BD juveniles, $F(2, 90) = .60, p < .55$ and $F(2, 85) = .21, p < .81$.

Statistically significant differences were found in the areas of achievement. Non-handicapped juveniles scored higher in reading than either the LD or E/BD juveniles, $F(2, 109) = 8.39, p < .0004$. Reading achievement scores for LD and E/BD youths did not significantly differ.

Regarding achievement in mathematics, LD subjects scored statistically significantly lower than E/BD and non-handicapped subjects, $F(2, 109) = 12.99, p < .0001$. No significant differences were found in mathematics achievement test scores between non-handicapped and E/BD subjects.

Table 2
Summary of Sample Academic Characteristics, Mean Scores, by Group

Variable	Group			
	Non-handicapped	LD	E/BD	Group
Full Scale IQ				
mean score	92	88	86	88.5
standard deviation	8.3	12.1	13.7	12
Performance IQ				
mean score	96.8	93.3	93	94.1
standard deviation	10.5	14.1	15.5	13.7
Verbal IQ				
mean score	83.7	80.8	81.6	81.8
standard deviation	23	14.6	12.4	16.1
Reading Achievement				
mean score	92.3 ^a	83.1 ^a	85.2 ^a	86.4
standard deviation	10	11.4	12.8	12
Mathematics Achievement				
mean score	88 ^b	76.5 ^b	84.7 ^b	82.4
standard deviation	10.5	8.5	11.2	11

a $p < .0004$. Non-handicapped juveniles higher than LD and E/BD juveniles.

b $p < .0001$. LD juveniles lower than E/BD and non-handicapped juveniles.

Classroom Behavior

The classroom behavior of non-handicapped, LD, and E/BD subjects was measured by the BDRS (Bullock & Wilson, 1989). Analysis of the data indicated a statistically significant difference in the reported classroom behavior of non-handicapped and E/BD juveniles, $F(2, 75) = 3.145$, $p < .049$. E/BD subjects scored higher, had less adaptive classroom behavior, than their non-handicapped or LD adjudicated peers. Table 3 delineates the relationship of scores and disability. The effective sample size in this analysis was $N=76$.

Further ANOVA was conducted to determine the source of the variance between non-handicapped and E/BD subjects in classroom behavior. Through analysis of BDRS subscale scores, a statistically significant difference between non-handicapped and E/BD subjects was found on the Irresponsible Immaturity scale, $F(2, 80) = 4.2$, $p < .019$. There were no other significant differences found on BDRS subscale scores.

Table 3
Summary of Behavior Dimensions Rating Scale Scores by
Subscales and Group

BDRS Subscale	Group			p value
	Non-handicapped	LD	E/BD	
Aggressive Acting Out	50	53.39	57	.165
Irresponsible Immature	34.04	38.03	43.08 ^a	.018
Socially Withdrawn	48.12	49.13	51.83	.528
Fearful Anxious	33.04	34.48	36.87	.206
Total BDRS	162	174.7	189.6 ^b	.049

a E/BD juvenile score significantly higher than non-handicapped juvenile score.

b E/BD juvenile score significantly higher than non-handicapped juvenile score.

Self-esteem and Self-reported Behavior

Analysis of self-report measures of self-esteem based on the HISM (Gordon, 1968), and behavior based on the BRP (Hammill & Brown, 1978) indicated no significant differences in the self-esteem or self-reported behavior of non-handicapped, LD, and E/BD subjects. ANOVA results for the self-esteem was $F(2, 110) = .289$, $p < .75$ and for self-reported behavior $F(2, 109) = .109$, $p < .74$.

Regression Analysis

In order to determine the predictive ability of study variables regression analysis was performed. Table 4 contains a summary of the ANOVA phase

of the analysis. Variables identified by ANOVA as having a statistically significant relationship were entered into the regression analysis. The variables used were total BDRS score, achievement in reading and mathematics, and crimes against property. Results of the stepwise regression analysis indicated that only the total BDRS score was entered into the regression formula, $T(1,73) = 2.649$, $p < .009$. The total BDRS score accounted for 9% of the variance between non-handicapped, LD, and E/BD youths.

Table 4
Summary of ANOVA by Variables and F Ratio and Probability

Variable	F Ratio	Probability
Fullscale IQ	.5174	.474
Reading Achievement	8.3905	.0004 ^a
Mathematics Achievement	12.9865	.0000 ^b
Crimes against persons	1.033	.359
Crimes against property	4.283	.016 ^c
Drug laws	.2439	.784
Public order	2.490	.088
Status offenses	1.339	.266
<u>BDRS</u>	3.145	.049 ^d
<u>HISMS</u>	.298	.750
<u>SRS</u> Total	.109	.74

a Non-handicapped reading scores higher than LD and E/BD reading scores.

b LD mathematics scores lower than non-handicapped and E/BD mathematics scores.

c LD more crimes against property offenses than non-handicapped and E/BD crimes against property offenses.

d E/BD BDRS scores higher than LD and non-handicapped BDRS scores.

Discussion

The results of this study provide additional information about the similarities and differences between non-handicapped, LD, and E/BD adjudicated juvenile offenders who reside in state administered correctional facilities.

Measurement Variables

Offense Type

The over-representation of handicapped youth in juvenile correctional facilities has led to a number of studies investigating delinquency among handicapped youth with inconclusive results. In a widely publicized study (Dunivant, 1984), LD youth reportedly had higher rates of self-reported delinquent behavior and were more likely to be arrested and adjudicated than their non-handicapped peers. Yet in another study (Walter, 1988),

self-reported delinquency rates among incarcerated non-handicapped and educationally handicapped youth did not substantially differ with regard to the nature of offenses committed.

The findings of this study would tend to dispute those reported by Dunivant (1984), that LD youths were more frequently arrested and adjudicated for all types of offenses than their non-handicapped peers, as well as, the findings of Walter (1988) which reported no differences in the nature of self-reported delinquency. Results, however, may be biased from several sources. Records may not have been complete. Police officers and courts have considerable discretionary powers when dealing with juveniles and may be responsive to a variety of influences which may lead to official offense records which are not representative of either undetected delinquency, police contacts, or even court appearances.

Academic Abilities

The results of ANOVA on the five variables of cognitive and academic ability provided potentially helpful information. Full-scale IQ, PERIQ, and VERBIQ scores of non-handicapped, LD, and E/BD adjudicated juveniles may be viewed as statistically and practically invariant (see Table 2 for means and standard deviations). This information, while possibly expected, adds to the knowledge base regarding the cognitive abilities of non-handicapped, LD, and E/BD youths incarcerated in juvenile correctional facilities. Previous studies have not reported data regarding the similarities or differences in cognitive abilities of non-handicapped, LD, and E/BD youths in juvenile correctional facilities.

Differences in achievement reading scores, however, were statistically and, arguably, practically significant. Non-handicapped juveniles, although still below grade level, were able to read at a much higher grade level than either LD or E/BD youths. There was also a significant difference recorded in the area of mathematics achievement. LD juveniles scored lower than either non-handicapped or E/BD youth.

Two grade levels in reading ability has direct implications regarding a number of educational decisions (e.g., textbooks, student grouping). The lower mathematics abilities of LD students suggests the need for similar educational considerations. The results of this investigation would lend support to those stressing the need for special education programming within juvenile correctional facilities.

Teacher Observations on Classroom Behavior.

The results of ANOVA on classroom teacher generated BDRS scores indicated a statistically significant relationship between the scores of non-handicapped and E/BD youths. Further analysis of the BDRS subscale scores denoted the source of the variance to be primarily in the Irresponsible/Immature

subscale (see Table 3). Regression analysis designed to compute a regression equation to predict the disability status of the sample using all identified significant variable relationships used only the total BDRS score.

Self-esteem

Previous investigations regarding the self-esteem of juvenile delinquents, (Hepburn, 1973; Jensen, 1976), LD (Hiebert, Wong, & Hunter, 1982), and E/BD (Jones, 1985) youth indicate, that as a group, they express lower levels of self-esteem than peers. The results of this investigation suggest that non-handicapped, LD, and E/BD adjudicated juveniles do not differ in their perception of self-worth.

Self-reported Social Competency

As a group, juvenile delinquents have been found to exhibit behavior problems in school (Meltzer, Levine, Karniski, Palfrey, & Clarke, 1984) and poorer social skills (Freedman, 1975). The social competency deficits of LD students is well documented (Schumaker, Hazel, Sherman, & Shelton, 1982). They also have been found to have classroom behavior and interpersonal problems (Bender, 1987) and suffer from reduced social status (Sabornie, 1987). E/BD youths have similar social skill deficits (Morgan, 1986) and experience social rejection (Gelford, Ficula, & Zarbatany, 1986).

Data from this investigation regarding the self-reported social competency of non-handicapped, LD, and E/BD adjudicated youth suggest that these individuals view their home, school, and peer relationships similarly to non-adjudicated peers scoring in the average range of the BRP. The finding that the three groups (non-handicapped, LD, and E/BD adjudicated juveniles) are not different in their perceived social competencies would not support differentiated treatment settings for social skills training.

Implications

The results of this investigation illustrates the practical need for the provision of special education services within juvenile correctional facilities. Significant discrepancies in reading and mathematics achievement scores between non-handicapped and LD and E/BD juveniles suggest the need for differential educational programming within the juvenile correctional facility. Identifiable behavior characteristics of E/BD youths are also indicative of the need for the inclusion of special education services within the correctional education classroom.

These results have implications in the area of personnel preparation. First, because of the over-representation of LD and E/BD youth in correctional facilities, all correctional educators should be cognizant of the behavioral and academic characteristics associated with these juveniles. Whether LD and E/BD youth are "mainstreamed" into the classes of correctional educators or remain unidentified, correctional educators have substantial

contact with special education students within the correctional facility. Preservice and in-service training is needed which provides correctional educators with information regarding (a) educational characteristics of LD and E/BD students, (b) behavioral management, and (c) the requirements of P.L. 94-142 and its amendments.

Further, the results of this study call attention to the need for qualified correctional special education teachers. The national average of one special educator per correctional facility (OJJDP, 1988b) is far below the number needed to adequately serve LD and E/BD adjudicated juveniles. Correctional special educators require not only special education expertise, but must also be able to provide special education services within the administrative structure of the correctional facility and understand the subculture associated with juvenile delinquency.

Finally, the correctional facility personnel (e.g., guards, social workers) should be trained to recognize the impact of severe reading and behavioral deficits on the LD and E/BD youths in the day to day activities of the facility. These personnel should also receive additional training in (a) educational characteristics of LD and E/BD students, (b) behavioral management, and (c) the requirements of P.L. 94-142 and its amendments.

Knowledge that the offense records of LD youth in juvenile correctional facilities contain a significantly higher number of crimes against property than other juveniles may have importance for early intervention efforts. The development of law related curricula that includes relevant and appropriately presented information regarding property rights would seem to be a reasonable early intervention.

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The Importance of Selected Aspects of Human Relationships in a Behavioral Management Program

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Introduction and Overview of the Problem

When a student in a group responds to you like this, "Get out of my face you A--H---," you are caught. That is, you are forced to respond in some manner. Even choosing to ignore the incident in such circumstance conveys a message to all "members of the group." This meaning can have a far reaching effect on all future interactions not only with you but, with each member of the group, to one another, and to the teacher. What is first needed is an approach that will diffuse a problem from escalating and that will encourage the student to become more personally responsible for his/her behavior. Because I could not remember a particular behavior management approach that addresses the above circumstance, I responded in the following way: *"Isn't it great that after four months of being together you are comfortable enough to express how you feel?"* What followed was disbelief, silence, and complete disarmament. Without understanding at that moment what took place, I later realized that I had discovered a very important phenomenon. That is, understanding an emotionally loaded event first requires unloading the charge. Taking away the power, or at the very least neutralizing it, is the first step in helping a student maintain personal control in the life space.

The ability to remain objective is vital if a teacher is to be consistent in modeling an assigned caretaking role that distinguishes them from students. Failure to recognize this important distinction risks jeopardizing the very basis upon which teacher authority is based.

The current state of the art regarding behavior management strategies is such that while many of the major models possess unique strengths, they also have limitations, especially when developmental levels and human conditions are taken into consideration. It is to the advantage of each teacher to recognize the importance of building **his/her own system** of behavior management. Purvis and Leonard, (1985), suggest that this can best be done by selecting from the approaches of various models that fit personal needs and restructure them into a personal model. Charles (1989), examined the most frequently used classroom discipline models and concluded that teachers have always developed their own personal management practices. Only until recently have there been offered systematic guidance from empirical data sources that emphasize the importance of carefully examining various causes of behavior while attempting to respond to behavior that fails to

meet expectations. Kauffman, Pullen, and Akers (1986), observed that failure to provide adequately for a child's uniqueness and having expectations inconsistent with development contribute to behavioral problems in classroom settings.

In too many instances teachers have only marginally efficient ways to achieve their expectations. As a result, it is not uncommon that adversarial relationships develop between teacher and student with varying degrees of distrust and fearfulness on both parties. At times these conditions are so severe that referral to specialists is the practice of choice. Whenever such a practice occurs, little if any attention is paid to the environmental factors that have contributed to the breakdown in adaptation. Yet, it is precisely this situation that needs to be studied if adolescents with behavior disorders are to be helped to give up behaviors that interfere with their development and maturation. A major question for consideration then is not how can teachers be more effective in behavioral management, but rather, how can they experientially discover practices from which an effective model can be developed that meets their own styles as well as the needs of their students (Ban, 1986).

Such effort requires commitment to self-examination, to a re-examination of values, and particularly a re-examination of the most basic unquestioned assumptions that influence one's judgment and decision making. One critical issue identified by Mitchel (1979), stresses the importance of understanding one's value system, particularly those that influence how students are viewed. Such on-going reflection provides some measure of assurance that services provided to students are frequently reviewed for appropriateness and justification. It is not uncommon for professionals to refer to a child's failure rather than to service the failure when it appears that program adjustments are needed.

The purpose of this paper is to discuss the importance of selected aspects of human relationships in a behavioral management program for adolescents with behavioral disorders, and to describe the requirements for the relationship building process to take place. The ideas discussed offer an opportunity to reflect on the contributions that a human relationship approach can make for a better understanding of the richness and diversity of human behavior and the factors that account for the behavior of students referred to as "Behaviorally Disordered." Ideally, this kind of reflection will lead to appropriate teacher responses that can meet a variety of developmental needs. The proposed process through which relationships are nurtured and developed include the following: active learning (as opposed to passive learning), communication (that which encourages feedback), environmental factors, and burn-out from guilt. An initial assumption is that positive learning is an extension of positive relationships. Secondly, learning is always a most crucial time for the learner and is primarily driven

by the degree of anxiety or stress to which the learner may be experiencing at any given time. Here, anxiety refers to all of the internal and external distractions and preoccupations that effect the learner.

The students primarily in question are those who exhibit serious adaptive disturbances that constrain their capacity to function appropriately in more open and less restrictive educational settings. These students typically demonstrate diminished motivation and general lack of initiative. Their behavior is immature and is further characterized by what appears to be an inability to take comfort with perceiving adults as their allies. The primary learning obstacle of this group is associated with this resistance to recognize and accept positive teacher-student relationships.

The human relationship approach takes into account students' developmental needs, personalities, and the human condition of adolescents as well as the experience, training, and personal preferences of teachers. It must be student centered and able to acknowledge the uniqueness of individuals who differ not in kind but only in degree. Thus, any effective response to a student's needs requires a careful, thorough and comprehensive study of his/her individual predicament. These needs touch human issues that are emotionally charged as a result of individual circumstances that often include extraordinary amounts of anger and rage, and are best understood through observation and description of what an individual is doing at any given moment. By examination of the factors that have led to a breakdown in adaptation, it should be possible to determine whether the problem(s) identified are readily reversible, or are of such intensity that they will require more long term care and specialized intervention. Educational goals that have a human relationship focus can be stated as follows:

- 1) Need for limit setting with consistency;
- 2) The development and intensification of personal relationships;
- 3) Clarification of emotional reactions;
- 4) Preventing or reopening of developmental closure;
- 5) Re-enforcement of physical, emotional, cognitive and social mastery.

Personal Perspective

My perspective on behavioral management comes from more than thirty five years of experience in public school classrooms, day and residential programs, and from involvement in teacher and administrative preparation programs at Boston College. I have also learned much from continuous work with families, local school teachers, support staff and administrative personnel, agencies, attorneys, and many other socially concerned and involved advocates.

Early in my career I was a teacher in a children's psychiatric hospital at

which time child psychiatric units were not only rare, but were worlds onto themselves with minimal connections to the outside world. Schools within such settings were even more unusual, so it was not terribly surprising that many staff members had little expectation, or in some instances desire to relate to school teachers. It was only natural that the few teachers on staff would spend a majority of their time trying to engage the young people in some educational activity. One of the most important lessons my students taught me that I have tried to live by is:

AS A TEACHER, EVERY CHILD THAT I COME IN CONTACT WITH IS ABOVE ALL ELSE A STUDENT FIRST. WHATEVER AMOUNT OF INTACTNESS THAT I AM TO EXPERIENCE I WOULD TRY TO CHALLENGE, NURTURE, AND ENCOURAGE IN AN ATMOSPHERE OF PROTECTIVE CARING SUFFICIENT ENOUGH TO REDUCE ANXIETY AND TO FOSTER PERSONAL GROWTH IN SELF MANAGEMENT RESPONSIBILITY.

I also discovered a number of other important aspects about teaching and learning. A relationship exists between noticing and acknowledging good work and the quantity of student output. School is a very special place for all children and success nurtures individual self-esteem. Successful school experience can also be of immeasurable help in reaffirming that a child is a peer among peers. Questioning a child's or adolescent's mental state creates incredible pressures for any young person. At the same time, highly complex problems for educators and other support professionals are created as well.

The larger field of special education provides a spectrum of services designed to assist students' access into the mainstream of life. A number of specialized program skills require artful expression in their application. A human relationship approach is one example. From a special education perspective, one has a retrospective view on what might be done early to help a student before the need for a special education program arises. Further, one can see that to encourage even more services for the day an individual no longer needs special education programming is also a major challenge.

The Relationship Approach

Basic Assumptions

- Learning is the fruit of relationships;
- Positive learning is the fruit of positive relationships;
- Negative learning is the consequence of negative relationships.

Human relationships are developed and nurtured through a series of experiences between two or more persons. The more positive these

experiences, the better individuals feel about themselves, about one another, and about the events that have taken place. These relationships are achieved through intelligent effort through the development of social skills that allow persons to cope with stress, delay immediate gratification, and to come to terms with societal expectations.

Active and Passive Learning in Human Relationships

Active learning relies on the development of critical thinking skills that include analytical and synthesis skills which are prerequisites for judgment and decision making. In this way, the human mind is able to assimilate reality and develop an intellectual capacity to make choices, (Curran, 1989). The major pedagogy to help achieve such enlarged understanding is more Socratic or Maieutic oriented which requires more active participation in discussion of ideas on the part of the learner. Passive learning relies more on didactic instruction and also includes drill and repetition in the acquisition of more organized information such as that offered in school, (Curran, 1989). While this mode of instruction is an important initial first step, real learning takes place when the learner self-discovers that certain relationships exist among things and thus, knowledge is said to truly be possessed. One can then say that active learning is taking place. The caretaker role of the teacher in this process can not be underestimated. The importance of higher order thinking skill development for adolescents with behavioral disorders becomes readily apparent when we consider the importance of discovering more about one-self as vital to the resolution of interpersonal conflict, letting go of inappropriate symptomatic behavior, and getting insights in the value of making other choices that may be more personally beneficial. Thus, the knowing process can offer students and teachers the opportunity to acquire and use organized information to resolve problems in ways that may lead to further growth for everyone. Because many of the difficulties experienced by adolescents with behavior disorders are more social in nature, it is reasonable to assume that the more artistic the relationship building becomes, the greater the potential for resolving interpersonal difficulties arises.

Operative and Cooperative Art

Jaeger (1969), in his writings on the Ideals of Greek Culture, defined art as a person's attempt to complete or to fulfill nature. General agreement exists that there are two popular art forms, operative and cooperative art. Both art forms require the work of the artist and are efficient causality. However, they are distinguished by being either primary or secondary efficient cause. For example, an artist through coloring, shading, mixing and texturizing, paints a sunset and freezes a scene on canvas. The artist, therefore, is the primary efficient cause in producing the art work. In his *Paideia Proposal*, Adler (1982), describes education as one of the three major cooperative arts, the other two being medicine and agriculture. The

teacher, as a cooperative artist, engages another in what Piaget (1969), described as the natural desire of the new born to discover oneself as an entity among entities and to experience events among events. The caretaker role, thus defined, engages the human intellect of the learner who is singularly responsible for the learning that takes place and of the teacher who is a secondary efficient causality.

Effective Communication

In effective communication, meaning is always attached to the message by the receiver and feedback is encouraged. The sender is sensitive to the emotional needs of the student and to the amount of stress which he/she is experiencing. Sensitivity on the part of the teacher is vital in assessing and understanding the extent of anxiety that may be present and that may contribute to any problems students may have with properly receiving and assigning intended meaning/s to messages.

Anxiety and Environmental Factors

Wilking (1967), found that anxiety is not easily dissipated under certain circumstances, but that it can be contained when it is clear that the individual has support. While Gair (1984), emphasized that fear of insanity is virtually universal and whenever the real possibility that someone may be "mental" exists, it is necessary for professionals to be prepared to deal with confusion and intense anxiety in many areas. Such areas may include interpersonal, diagnostic, political, prognostic, behavioral management and instructional situations. Adolescents whose adaptive disorders constrain their ability to function appropriately and to meet expectations of those to whom there is responsibility, are said to be guided by varying degrees of anxiety. What, then, is anxiety? How and in what ways does it influence one's behavior? Is anxiety healthy? Sometimes? Never? A review of these phenomena is important for a more complete understanding of a human relationship approach to behavioral management.

When a person becomes anxious, a number of involuntary bodily responses occur. Natural reactions to anxiety may include fear, uncertainty, apprehension, worry, or uneasiness which may lack and apparent cause or specific threat. As the body perceives that it is under attack, adrenalin is involuntarily released from two small openings at the top of the kidneys in such a burst that one is often said to experience hot flashes shooting up the back into the neck area. The individual complains about not feeling right, while hands become cold and clammy, blood pressure rises, the cardiovascular system pumps more forcibly, the stomach experiences unrest, verbalization ability is often curtailed, stuttering, hesitation and halting speech pattern may arise while voice pitch may increase, quivery or change drastically. All of the body systems, with the exception of the digestive

and reproductive systems, gear up to ready the self for the "fight or flight" mechanism.

While a general lack of connectedness and absence of intactness are present, it is the element of unknown fear that is most pervasive. Anxiety can become a powerful stimulus causing an excessive reaction to an individual's feelings of fear such that normal responses become seriously unstable. Any presence of intense feelings places much stress upon one's ability to function appropriately, with those most vulnerable being students with serious identification and other psychological limitations. If one accepts that a certain amount of anxiety in one's life is necessary in order to sustain and to encourage growth, then an important question is, how much is enough? when?, where? When excessive worry is present in either the student or the caretaker, increased feelings of anxiety will have bearing on behavioral interactions, outcomes, and effects. Varying levels of anxiety fuel individual positive and destructive motivation. Consider the situation of a crowded theater where a fire has broken out. Many people will become frightened to such an extent that loss of reasoning ability will require crisp directives to be provided in hopes of maximizing everyone's safety. It is not the time to attempt discussion and appeal to reason when a person experiences panic. Learning ability is drastically reduced. Just prior to the onset of panic an individual begins to lose his/her ability to profit from learning because of the distorted vision, hearing, and meaning that are all attached to the messages received. One begins to experience a more narrow view and understanding of interactions. One begins to hear less and becomes selective in the exchange of dialogue, focusing on what one's response is to be, rather than trying to hear what the other is saying. In the context of a student with behavioral disorders, it is not difficult to predict agitated, disruptive and limit setting issues of significant magnitude. Reflection on the role of anxiety in adolescents with behavior disorders may be important for a better understanding about the specific nature of problems they may encounter as well as the quality and quantity of specialized programs and services required to help to encourage further growth.

Relationship Builder Elements

A critical variable in learning by discovery is the quality of a relationship that coexists between the teacher and the student, (Curran, 1989). Relationship development includes all those behaviors that teachers promote in a classroom setting which allows students to comfortably test for limits. Some signposts that foster positive relationships include honesty, trust, loyalty, credibility, concern, cooperation, respect, fairness, reconciliation, courtesy, encouragement, justice, personal dignity, and willing service. Positive relationships allow differences, once resolved to be forgotten, and teaches the important lesson that behavior has a beginning and an end.

Each new day can become a new beginning. Imagine a standard practice in all classroom settings whereby the democratic principle of full restoration of protected rights is honored when restrictions imposed by adults in charge have been satisfied.

Cited in the text, *Teaching Children With Learning Disabilities: Personal Perspectives*, Nick Long describes his own experience of working with disordered young people like flying a kite. Learning to use resistance, he claims, is the important step. Today, recognizing the influence of anxiety in behavior leads to better understanding of resistance that may be present.

Questions and Problems

As a initial step in the gaining of appreciation and full persuasion of the value of the use of human relationship approach for our work the following exercises are suggested. **First, examine the behaviors of students that you find to be offensive. Then, carefully examine why you think students choose these behaviors. They do choose to behave in certain ways. What might be some factors that influence these choices that are especially difficult for us as teachers to contend with?**

The following section presents two vignettes. They are not intended as prescriptions. Rather, they are problems that are complex and resistant to ready solution. They are offered as dilemmas without answers, for thought and discussion. The more thought given, the more complicated they will seem to be, and the more demanding of a conscientiously managed array of resources and interventions.

VIGNETTE 1

Adolescent in Turmoil

Mr. J. was brought to the hospital by one of his peers. After an examination, he was released but was advised to take it easy for a few days. His jawbone was very tender and sore.

Graduation week at Town Hill Academy consisted of a number of activities to help commemorate the school's ninth grade graduation. One such activity was a Field Day Festival that included many faculty and students in a wide variety of fun games and competitions. The day was generally enjoyed and looked forward to by both students and staff because it gave everyone an opportunity to relax and have fun together.

Incident

The Spring Festival took place this year as usual with many different types of events and activities for the students to participate in including: bag races, track and field events, pitch and throw, and basketball one-on-one.

Alan competed well in most events, but he did lose the 50-yard dash which he had trained very hard for to a much smaller and less agile (athletic) student. Naturally, Alan was upset and rather embarrassed about his defeat especially when his peers began to tease (playfully). Alan became very angry at this and in turn, he physically attacked one student. Several female teachers attempted to intervene along with the P.E. teacher, Mr. J., with whom Alan had a fair relationship. Mr. J. was a former All American linebacker during his college years. He was an imposing man and very well liked by his students who also knew that he was a no-nonsense teacher and was not one to reckon with whenever he became angry.

As the staff attempted to pull the students apart, Alan suddenly struck Mr. J. on the right side of this face striking him flush on the jaw bone and reeling him backwards. The sound of the cracked bone could be heard across the field some fifty yards away. Several male staff members who had been observing the situation at a distance came quickly to render assistance. Alan was physically subdued by the staff into a four-point restraint and while lying in this position, he finally yelled at Mr. J., "I finally fixed your ass, didn't I?"

Brief History

Alan is an unusually strong and muscular 15-year old ninth grade high school student with a history of anti-social and aggressive behavior toward male authority figures. Previous incidents of such aggressive behavior have landed him in several juvenile court hearings. In the eighth grade, Alan assaulted two male teachers and the Dean of Discipline which caused them to press physical assault charges against the ninth grade student. The juvenile judge court in turn, filed the case claiming there was a lack of sufficient evidence of Alan's alleged attacks. The judge also informed the school that he was not terribly pleased that so much of the court's time was consumed with matters concerning this particular case when school administrative remedies had not been met. (exhausted). After all, Town Hill Academy serves special needs students, many who display behavior problems similar to Alan's and it is the staff's responsibility to understand the risks involved when dealing with such children.

The Verdict

In court, Alan claimed that another student had stolen a watch that Alan's father had given him and was in the process of retrieving it when the "punch-out" incident (which he claims he did not initiate) took place. Overall, Alan has been a fairly good student academically, attending school regularly and was generally regarded as a conflict-free learner despite a few isolated incidences. Thus, the judge decided to give Alan a break this time, told him so, and advised him not to appear before the court ever again. For several months afterward, Alan displayed no adverse behavior, was

cooperative in all classes engaging with staff and students on a healthy and competitive level. Teachers gave varying profiles of Alan's general character and behavior. Female teacher usually saw him as courteous, polite, eager to help, gentle in manner, pleasant, and a good dependable student. Male teachers, on the other hand, found Alan very manipulative, overly suspicious, cunning and described his competitiveness as a tool through which his underlying hostility and rage is vented. In general, the male teachers were uncomfortable around Alan and warned that he was a time bomb ready to explode. They were at a loss, however, to explain the differences in behavior with female staff.

Alan's Dilemma

Alan was suspended from school for the incident with Mr. J. During this time, his mother was in the process of moving out of the state with her new husband and was quite upset that Alan could create such problems for her. She arranged for Alan to stay with his maternal grandmother until this was all settled. When Alan was told this he responded, "She really screwed me over this time, didn't she?"

Case Analysis

Given what is now known, should anything else have been done for Alan earlier? What should happen to Alan? Justification! How is power being used in this scenario? By mother, Alan, by the teachers? What kinds of supports are suggested for Alan? If Alan goes to another school what information should go with him?

Is it the school's (i.e. the teacher, the principal, the P.E. teacher) obligation to assume responsibility for Alan's behavior problems and seek help for him beyond familial concern or involvement?

Both parent and teacher must share in addressing Alan's needs because his aggression is most likely a cry for attention.

Conclusions

What can and should be done in this circumstance for both Alan and the school?

VIGNETTE 2

The Disturbing Student

Overview

Mrs. Barth, I'm sorry to call you at work like this, but it was important that I reach you immediately. It has been necessary to suspend Kurt today which will remain in effect until a referral for special education evaluation can be initiated from him. His behavior has become intolerable to such an extent that he is no longer able to be contained without disruption

to both his teachers and his classmates. He expels rectal flatulence at will and becomes disruptive resisting all attempts and requests that he alter his behavior. I know how concerned you are in your children's performance in school which makes this news very difficult for me to share with you.

Mrs. Barth was beside herself and pondered what she should do. She has worked so hard to provide a good home for herself and her three children since her marriage fell apart. Working these long hours has been possible partly because Kurt has been such a big help with the household chores and with taking care of his younger brother. While she knows that Kurt's relationship with his fourteen year old sister has been at times difficult, she feels that they try very hard not to disappoint her knowing that Mrs. Barth relies on their help with household activities.

The Classroom Incident

Kurt is a 10 year old fourth grader. Until about three weeks ago, Kurt presented no difficulties in school except that his interest in general this year has fallen. This has been most noticeable in his grades which have dropped from A's to C's, and to D's in some cases. Mrs. W, Kurt's teacher, has become more and more upset with him lately for what she describes as general lack of industry and poor performance in class. From time to time, Kurt has been heard expelling rectal flatulence which was ignored by both teachers and students because of the embarrassment associated with such indecent behavior.

Today, Mrs. W has reached the end of her patience with Kurt who has once again neglected to prepare a book report on schedule. She threatened that she was going to demand a parent conference to get to the bottom of the meaning behind such behavior. Because Mrs. W knew Kurt's father from his work in the community (her husband was the town minister who met Mr. Barth at a sports function and was aware of the rigid demands he imposed upon his children) she let Kurt know that his father would not take lightly to his present school behavior and that she had every intention of soliciting Mr. Barth's support. According to Mrs. W, Kurt began expelling flatulence at will and in her presence.

Naturally, Mrs. W became outraged. In all of her years of teaching, she had never experienced anything quite like this and decided she would tolerate such outlandish behavior. She marched Kurt off to the Principal's office where she confronted Mr. C with, "Either this young man goes, or I will go." After hearing Mrs. W's complaints, Mr. C thought it best to allow for a "cooling off" period in order to sort things out and set them straight. Mr. C was fond of Kurt and always saw him as a nice man. He knew that Mr. Barth was no longer in the family picture and had also heard news about him from others in the community that was quite disturbing. He thought it best to try and be gentle with Kurt and to see if things

would just eventually and quietly settle down. After talking with Mr. C, Kurt appeared pretty docile and it was decided that he would do his classwork in the office for a while to see if things would cool down for Mrs. W. He knew that Mrs. W was a personality to reckon with and be very careful with in terms of power because her husband was the Town Minister and several key school committee members were also attended his church. Mr. C was elected to his present position with only modest support from the committee.

Kurt was able to work independently for a while on the assignments that his teacher sent to the office. However, Mr. C began to notice that Kurt was again expelling flatulence. At first he chose not to acknowledge the indecencies, but then it became more and more frequent until Mr. C noticed students coming in and out of the office feeling both embarrassed and disgusted by Kurt's appalling behavior. Mr. C decided that it was time to consult with the Superintendent who ordered a temporary suspension to be followed by a referral for Special Education Evaluation pursuant with Massachusetts Chapter 766 and P.L. 94-142.

Personal History

Kurt is a thin, dark haired Caucasian male who is very pleasant looking with deep brown eyes and freckles resembling his mother's good looks. He presents an extremely guarded and somewhat anxious appearance. He has lately been physically nervous in manner, often repeats himself giving the impression that he verbalizes what he thinks adults around him expect to hear. This has been a difficult year for him because his school work has noticeably deteriorated. This was also the year that he tried out for Little League Baseball and did not do very well. As a matter of fact, the little league coach expected much more from Kurt because of his father's athletic reputation and even told him how disappointed he was in his playing activity.

Family History

Kurt lives with his mother and two siblings, one a fourteen year old sister from his mother's first marriage, and a four year old brother who along with himself, are offspring of a second marriage. Kurt's mother has worked very hard managing a Health Spa that requires many hours away from home. She has recently divorced her second husband, Mr. Barth, who is described as a heavy substance abuser, is often in trouble with the law, and who is known to have physically abused Mrs. Barth and her two children. He really never bothered with Mrs. Barth's daughter from her previous marriage although there was some concern that he began to take some interest in her during his last year in the house. Mrs. Barth felt very awkward about this and doesn't say much about it. In some ways, her daughter has grown estranged from her and while she doesn't say much, on several

occasions the daughter has accused her mother of sending the father away and for breaking up the family.

Mrs. B portrays her former husband as being most difficult when he has been using both drugs and alcohol. While he always was strict with the boys so that they would always look up to him authoritatively, he was extremely rough when he was abusing drugs. However, Mrs. Barth still felt that he had a charming side, was ingratiating and witty around people, and for that matter until his drug and alcohol problem was well respected in his work place (a Computer Program Engineer), and in the community where he coached Little League Baseball and Pop Warner Football. He himself was a promising baseball player who was injured while in the minor leagues. Mrs. Barth has admitted there are times that she is lonely and recently Mr. Barth has visited the house and she has permitted him to stay overnight. She denies, however, that the boys have been aware of his presence but is not certain of that.

Mrs. Barth describes Kurt as being very closer to her and extremely sensitive to all that she endured during her troubled marriage to his father. He helps in the care of his younger brother and is very helpful around the house. Lately, he has expressed even greater concern for her well being and has on several occasions climbed into bed with her to be closer. She prizes him as her little man around the house and because of his dependability.

Kurt's sister has many friends, many of whom his mother worries about, has just started to date more and more regularly, and is quite embarrassed about Kurt's behavior which is the talk of the school. She states that the other kids refer to Kurt as the "Fart Kid".

His younger brother is in nursery school and looks up to Kurt. However, lately he has been prone to tantrums whenever he doesn't get his own way.

Case Analysis

There are two kinds of behavior problems represented in this scenario: (1) — behavior that is self-destructive or otherwise harmful to the individual student, and (2) — behavior that is non-conforming to another's expectations that is either value or role driven as interpreted by teacher, counselor, community worker, church worker, parent and/or guardian. In the context of the developmental tasks of childhood and the parameters identified for caretakers, the case of "The Disturbing Student" raises several questions that require examination and reflection. The Case presents an overt problem of a student expelling rectal flatulence that many sophisticated clinicians might find awkward to handle. What, for example, is the responsibility of the teacher in regards to these kinds of behavior? Some other significant questions for discussion and consideration include:

1. What is the enabling power that determines, supports, and justifies the teacher's action in these circumstances?
2. What possible factors might explain the varying attitudes that teachers might have about reactions to this kind of behavior?
3. What is the motivation driving the student's behavior?
4. How much of it is self-determined?
5. How destructive is the behavior? Why? and to Whom?
6. Does Mrs. W give evidence that she understands Kurt's situation at home?
7. Is there any evidence that misperceptions exist?
8. Reflect on what is meant by the expression the "Age of Anxiety/Age of Stress"—How might this play a major role in Kurt's behavior? What other environmental and developmental factors should be taken into consideration?

Conclusions

What can and should be done in this circumstance for both Kurt and the school?

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Semantic Organizers and the BD Adolescent

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Behaviorally disordered adolescents are characterized by their serious academic and behavioral deficits. While their academic deficits generally are considered secondary to their primary behavior disorders, deficits in reading, writing, attention, memory, and organization/usually contribute to significant academic delay and further exacerbate the prevailing behavioral problems (Morgan & Jenson, 1988). In fact, poor academic achievement has been linked to deficits in academic survival skills noted to include problems in attention to task, completion of task, and organization/study skills (Kerr, Nelson & Lambert, 1987; Kerr, Zigmond, Schaeffer & Brown, 1986). Given this range of deficits, to maximize student performance in reading and writing instruction must be holistic in approach across the curriculum, drawing on the student's own experiences to increase motivation and providing strategies to enhance organization (Rhodes & Dudley-Marling, 1988).

Beside the use of holistic instruction for academics, teachers of behaviorally disordered adolescents must also be prepared to address student social-emotional needs as well. In addition to the use of a wide range of behavior management techniques aimed at increasing classroom rule compliance, teachers of behaviorally disordered adolescents must be able to help their students to identify alternative modes of responding to stressful day to day situations, and to highlight patterns of inappropriate behavior(s) that may occur repeatedly. Such "quasi-clinical" interactions between teacher and student are the main foci of the life-space interview (Walker & Shea, 1991).

One technique that can be readily applied to the teaching of academic subject material as well as to the life-space interview has emerged from whole language theory. Semantic organizers can be used as academic tools to teach reading, writing and organization/study skills through the creation of visual word maps, which function as "graphic organizers." Similarly, semantic organizers can be used as management tools to extend the benefits of the life-space interview through the creation of permanent visual records depicting significant aspects of teacher-student dialogues. By depicting parts of a life-space interview graphically, a student's recall of his/her problematic behavior and more desirable alternatives to such behavior can be enhanced. Hence the purpose of this research is to provide: 1) an overview of the

theory underlying whole language and the use of semantic organizers; 2) a discussion of how semantic organizers can be applied in academic settings with behaviorally disordered adolescents; and finally 3) how semantic organizers can be used to extend the life-space interview and the benefits derived therein.

Whole Language Theory and the Semantic Organizer

Whole language is an approach to reading that integrates both spoken and written language across curriculum areas (Goodman, 1986). For those behavior disordered adolescents with poor academic performance and deficits in "academic survival skills," the whole language approach is very appropriate instructionally because it recognizes the importance of organizational process to learning, to thinking, and to expressing ideas (Pehrsson & Denner, 1989). In whole language instruction, the student is required to interact with the subject material in an active rather than passive way; the student must "call-up" what (s)he already knows about a given subject as the initial reference point. This activating of a student's schema (knowledge about a given topic) allows the student to make linkages between new material and what (s)he already knows (Pehrsson & Denner, 1989). These linkages become very important in helping students retain newly acquired material. The activating of prior knowledge is done to enhance cognitive proximity, "the degree of match between the thinking and organized knowledge of the reader and writer" (Pehrsson & Robinson, 1985, p. 4). For behavior disordered students who generally have a host of learning problems, increasing cognitive proximity results in more efficient, integrated learning that is "in depth" rather than superficial, and more readily retained over the long term.

One teaching strategy closely associated with the whole language movement is the use of semantic organizers. Pehrsson and Denner (1989) define semantic organizers as "graphic representations of meaningful relationships organized around a central topic or demonstrating change over time" (p. 3).

Semantic organizers, sometimes called graphic organizers, enable the teaching of reading and writing to incorporate right brain visuospatial relationships via the actual development of word maps. In Semantic mapping, word maps are created by organizing associations derived from brainstorming on a given topic into relevant categories. Hence the cognitive process is one which moves from the specific word or concept to the related generalized category. (A sample word map about the concept "flood" is shown in Figure 1). Semantic webbing is a similar strategy to mapping. As an interactive strategy, students are again encouraged to brainstorm ideas, but in the case of webbing, their ideas must be in response to a specific question. After key responses have been brainstormed, the teacher then has students discuss each key response to clarify and provide greater depth. Hence the cognitive process in webbing is one which moves from

Semantic Mapping

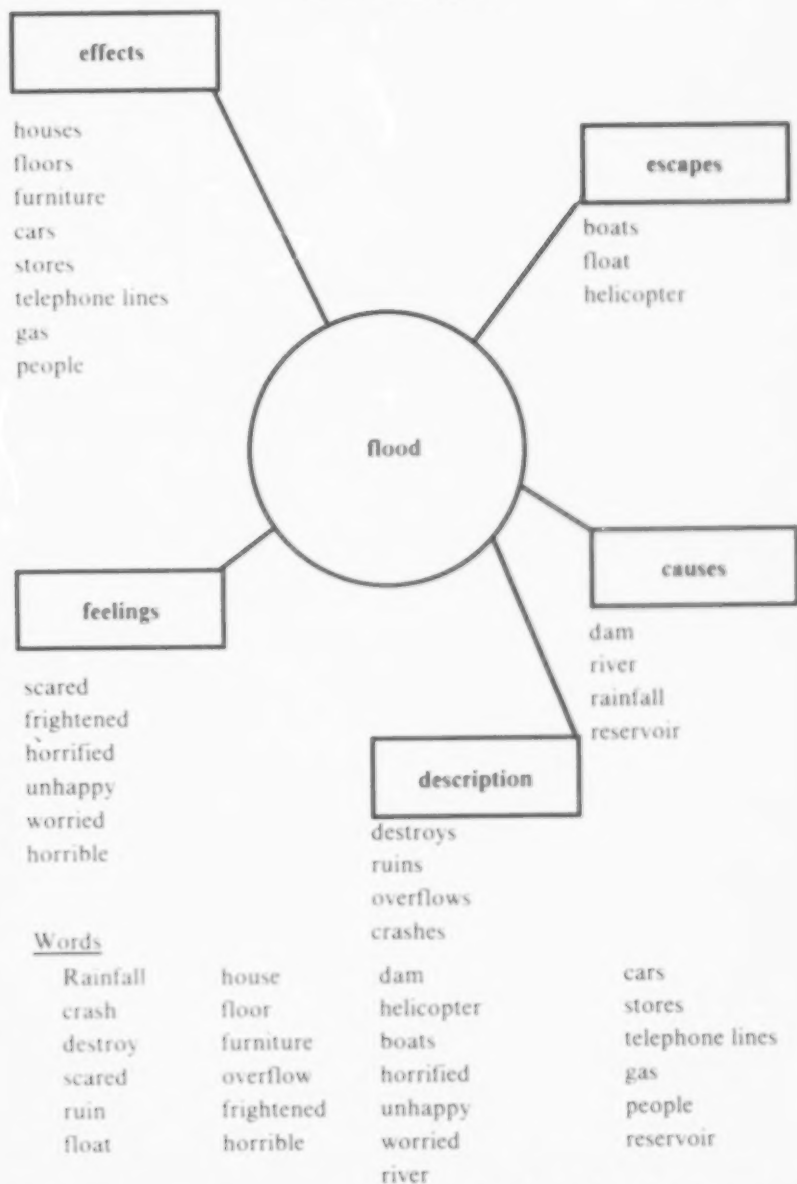


Figure 1. A sample semantic map about a flood, developed first through brainstorming word associations and then organizing word associations into relevant categories.

Semantic Webbing



Figure 2. A sample semantic web that asks the question "What would you do if you were caught in a flood?", developed first through brainstorming behavioral choices and then elaborating on those choices.

a generalized question to specific and detailed responses. (A sample semantic web that asks the question "What would you do if you were caught in a food?" is shown in Figure 1). For the purpose of activating schema, only one of these techniques is generally used—either a map or a web, but not both.

Benefits and Academic Applications

Both mapping and webbing are predicated on active student participation. For behaviorally disordered adolescents who would otherwise not participate in class because they perceive themselves as having little to offer, use of semantic strategies can counter this perception by valuing and incorporating all student contributions to the discussion. From an academic standpoint, one benefit is that words that students have acquired in their speaking but not in their reading vocabularies become represented visually and can be acquired as sight words. A second academic benefit is that after having learned to use semantic mapping or webbing over time, students begin to think and/or to write in more organized and structured ways, relying on the visual schemata as a way of accessing information. According to Hanf (1971) as cited in Alvermann (1986), "the effect is that of perceptual comprehension rather than verbal. Instead of hearing the information, one sees it. The gestalt, seeing the whole and all its related parts, yields a powerful impact, immediate comprehension and easy retention." (p. 212). This is very important in light of the finding that students with learning problems have "difficulty organizing expository ideas, sustaining expository writing, and summarizing information from single and multiple sources" (Engelert, Raphael, Anderson, Gregg, & Anthony, 1989, p. 21).

The organizational benefits of semantics organizers underscore their application to academic tasks. Semantic mapping and/or webbing may be used as pre-reading or pre-writing activities, in that these strategies activate the schema and organize background information needed to successfully read or write about a topic, (Johnson & Pearson, 1984). Semantic webbing can be used in concert with narrative reading material as a basis for predicting possible endings for a work of fiction or possible actions on the part of a character in a story faced with a dilemma. Since good readers make predictions about material they read (Goodman, 1986), use of semantic webbing can be an excellent way to train skills of prediction. From a reading perspective, being able to make reasonable predictions about characters in a story is dependent on the degree to which a student has comprehended the material. Since using semantic webbing to make predictions encourages students to interact with the reading material by processing a given story within the context of their own individual experiences, comprehension can be enhanced. Making predictions helps students to understand the principle of causality (Pearson & Johnson, 1978).

From a behavioral perspective, determining cause and effect relationships can be very helpful to behaviorally disordered students who tend to have an external locus of control and have difficulty seeing relationships between their own behaviors and resultant outcomes or consequences.

Another benefit of semantic mapping is that it can be used as a graphic organizer for study purposes. Pehrsson and Denner (1989) devote an entire book to the use of many different types of semantic organizers as study strategies for special needs learners. Expository material from science and social studies text chapters can be mapped and represented on a single sheet of paper. This process may be modelled for an entire class by the teacher over the course of study of several chapters in a textbook. The teacher would map boldfaced chapter subheadings as organizing clusters for each main idea, and diagram own word or short descriptor phrases to amplify each cluster in order to show functional relationships within an across clusters. Use of semantic maps as graphic organizers can be generalized across curriculum areas and can provide students with an effective post-organizing strategy for studying and summarizing content area material, thereby avoiding cumbersome and overly detailed outlines. Bean, Singer, Sorter and Frazee (1983) compared the effects of outlining versus the use of semantic organizers on two groups of 10th grade regular education students' comprehension of a world history text. Student in the organizer group displayed a more positive attitude toward the use of the organizer technique, than did their comparison peers regarding the use of outlining. According to Bean, Singer, Sorter and Frazee as cited by Alvermann (1986), use of graphic organizers "required higher order thinking and as a consequence encouraged integration, retention, and retrieval of text concepts. In contrast, outlining may encourage lower level rehearsal or rote memorization of text information" (p. 22).

From an academic standpoint, semantic organizers can be very useful to classroom teachers of behavior disordered adolescents in providing a structured and organized approach to acquiring and maintaining content material across subject areas. However the academic benefits are just one aspect of the utility of this approach. One students become acquainted with this approach academically, it can readily be applied to the socio-emotional domain. Semantic organizers can be used to help behaviorally disordered adolescents by providing a structured approach to goal setting and problem solving. Using semantic webbing, teachers can help students to identify an array of solutions to a given problem including alternative ways of responding, and to link immediate actions with future outcomes. This type to teacher-student exploration can be viewed in the context of the life space interview.

The Life-Space Interview

The life-space interview was designed by Redl (1959) as part of the milieu therapy model, which recognized the importance of teachers, parents, nurses and virtually all adults the child comes in contact with as therapeutic change agents. By virtue of the contact time teachers spend with behaviorally disordered adolescents, they can become naturalistic therapeutic change agents who can be taught to apply the life space interview (Wood & Long, 1991).

In life-space interviewing, the role of the interviewer is to help the student in a nonjudgmental way to: 1) clinically explore life events or to 2) provide emotional first-aid during very stressful or explosive situations (Morgan & Jenson, 1988). In clinical exploitation, the interviewer can use a particular inappropriate act to provide the basis for linkages to long-standing patterns of inappropriate responding. The purpose of this type of interview is for the student to ultimately be able to recognize and verbalize these inappropriate patterns of behavior, and to pinpoint the situational context(s) in which they arise. According to Morgan and Jenson (1988), clinical exploitation can be used to attain a long range therapeutic goal previously established for a student by a clinical team or noted on the individualized educational plan (IEP). The teacher who does this type of interviewing with a student on a regular basis should consult with the school psychologist or psychiatrist, so as not to conflict with long range treatment goals.

Life-space interviews that involve emotional first aid are the ones most often used by teachers of behavior disordered adolescents. The purpose of these interviews is to reduce frustration, help resolve conflicts between students and/or teachers, re-establish classroom limits and rules, and to explore alternative patterns of responding when presented with similar problems or stressors. Exploring alternative patterns of responding is reflective of goal setting, and metacognitive strategies involving self-monitoring for example, may be included as one behavioral alternative (Gardner, 1990).

Semantic organizers can be used to provide a graphic record of events precipitating the need for life-space interview, of alternative ways of responding, or of goals the students wants to attain. It can be a very effective tool in helping behavior disordered adolescents to identify, organize, and amplify their thoughts and feelings. The work of McCoy, Maag, and Rucker (1989) illustrate this. They reported how a teacher used semantic mapping with a 17 year old substance abusing, behavior disordered girls, who has attempted suicide. A series of four maps were generated; the first two maps identified and organized the student's thoughts and feelings about the events leading up to the suicide attempt; and the last two maps identified community resources and past positive and negative emotions experienced by the student. According to McCoy, Maag, and Rucker (1989), "semantic

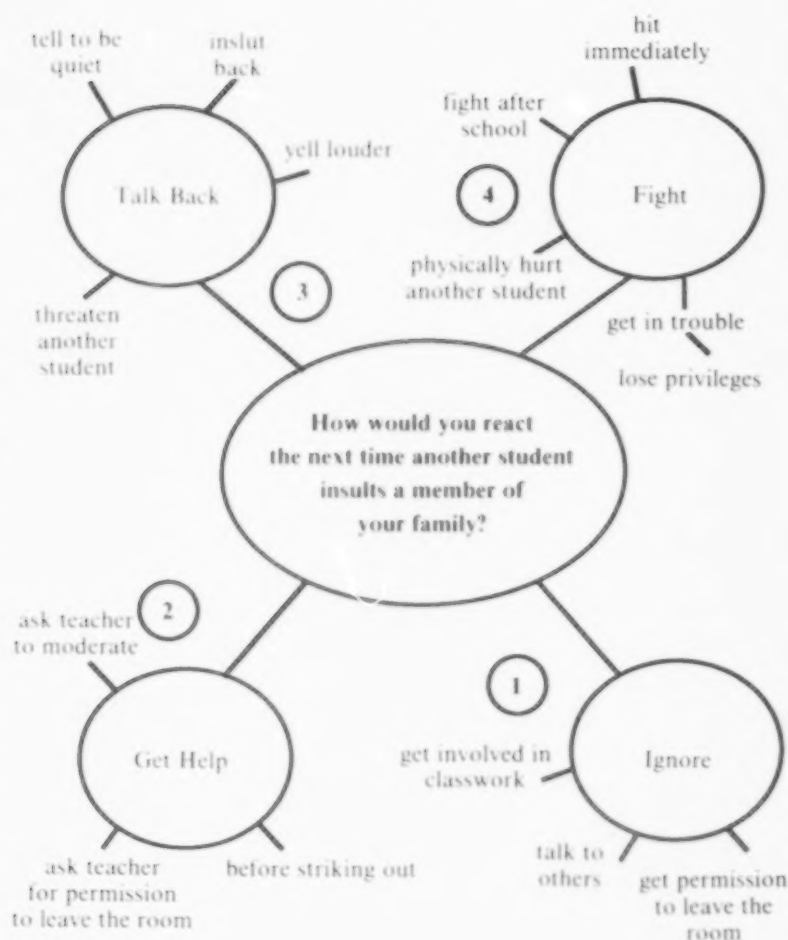


Figure 3. A sample semantic web developed as part of a life-space interview with a behaviorally disordered adolescent, illustrating a range of behavioral alternatives and their desirability.

mapping is congruent with the precision of life-space interviewing for enhancing the verbal expression of students' thoughts and feelings" (p. 228).

While Semantic mapping may be an excellent technique for helping students

initially to verbalize thoughts and feeling that may be jumbled and disjointed in relation to a particular crisis or event, semantic webbing begins with a specific question. For example, as part of the life-space interview a teacher may ask the question "How might you react the next time another student verbally insults a member of your family?" The webbing would be part of the actual interview; a sample web of this question is shown in Figure 3.

First, responses to the questions are elicited and written down. Then each response is probed by the teacher for specific details. Once the web has been completed, the teacher will have the student review the various behavioral alternatives generated and rank order them in terms of what would be most behaviorally appropriate to school/classroom rules. This process emphasizes that there are always options to how one responds, and choosing the best option is a skill that can be developed.

There are two primary benefits to using the semantic web as an extension of the life-space interview: 1) it can provide a structured approach to developing behavioral alternatives for adolescents; and 2) it can provide a permanent graphic record of teacher-student "therapeutic discussions". The next time a teacher has to use a life-space interview to discuss a similar problem to one that has already been discussed and semantically webbed, the teacher can direct the student to review his/her cumulative collection of webs in order to find the appropriate one, and to report on the various behavioral option(s) the student in conjunction with the teacher determined to be most socially desirable at that time. Then the student can compare his/her current behavior to those options previously discussed to assess the degree of congruence. At times when the teacher may be too busy to stop for a life-space interview with a particular student about a recurring problematic collection of webs as a means of halting inappropriate behavior and refocusing the student as to what the appropriate behavioral option(s) might be. For ongoing problematic behaviors, referring students back to semantic webs or maps that have already been developed with the teacher as an extension of the life-space interview, may be used in conjunction with a time-out procedure.

Conclusion

Semantic organizers have been used to shape attitudes, organize thoughts and feelings, target alternative ways of responding, and create a permanent record of conflict resolution for adolescents with behavior disorders. In this sense, semantic organizers can be seen as an extension of the Life-Space Interview, in that they can provide an on-going graphic record of relevant recurring patterns in problematic adolescent behavior, help students to visualize possible causal or contributing factors to that behavior, depict alternative ways of responding that may be more appropriate or productive, and finally document a student's growth over time.

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Counseling as a Related Service: Are Emotionally Disturbed Students Being Left Out?

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Related services are an important feature of the Education of All Handicapped Children Act of 1975 and Section 504 of the Rehabilitation Act of 1973. When it is determined by the IEP/eligibility teams that non-educational services are needed to assist a handicapped child to benefit from special education, these fall under the heading of related services (Education for the Handicapped Regulations, 1985). Related services include the following: psychological services, school social work services, occupational therapy, speech language pathology, audiological services, recreational services, diagnostic services, physical therapy, transportation services, school health services, and counseling services (Esterson & Bluth, 1987).

Counseling services are defined in P.L. 94-142 as services provided by various professionals such as "qualified social workers, psychologists, guidance counselors, or other qualified personnel." Related services other than counseling (i.e., psychological, school social work, and diagnostic), clearly overlap with counseling services. As noted by Friedlander (1987), the roles of the various professionals providing counseling services may include assessment to assist in determining need for counseling services, participation in the development of the student's Individualized Education Program (IEP), and the provision of other indirect and direct functions such as individual, family, parent, and group counseling, consultation, parent training, inservice training, and curriculum development. Further, school counselors have been advised to prepare to assist mildly handicapped students in transition from life in school to life after school (Rose, Friends, & Farnum, 1988; Sewall & Humes, 1988), to facilitate effective mainstreaming of handicapped students (Filer, 1982), to increase their involvement in parent counseling and training (Leyser, 1988), and to provide primary prevention programs (Shaw, 1986).

Although counseling services were expected to increase with the advent of P.L. 94-142 (Sproles, Panther, & Lanier, 1978), several reports suggest that mental health programs or counseling services for emotionally

disturbed/behaviorally disordered (ED/BD) students are often neglected or nonexistent. Smith and Simpson (1989) evaluated the IEPs of 214 ED/BD students and noted that over one-third of the IEPs lacked components which had been mandated by the law. One of the components which had been neglected in their sample was the requirement to identify and specify needed related services. Recently, the magnitude of concerns related to underidentification and a lack of coordination of treatment for ED/BD students resulted in the formation of the National Special Education and Mental Health Coalition. As noted by Forness (1988), the coalition seeks to improve the delivery of appropriate services for ED/BD students. Forness (1988) suggested that the ambiguity of related services and personnel shortages result in an emphasis upon "an instructional/academic approach and may sometimes not include behavioral/therapeutic approaches which address the child's psychosocial needs" (p. 129).

Knitzer, Steinberg, and Fleish (1990) conducted an extensive study of programs for EB/BD students and noted that the provision of mental health services (counseling services, psychological services, etc.) is often ignored. While it is mandated that the IEP/eligibility teams address the need for related services, it is discretionary whether or not the services are provided. When services are not available, it is not likely they will be determined to be needed since the interpretation of the law suggest the local school district will be responsible for paying for the services if they are written into the IEP. Knitzer et al. (1990) reported a study by Moore, Strang, Schwartz, and Braddock (1988) which noted that 58% of 60 school districts in 18 states had no capacity to provide counseling services. Further, only 10% of the handicapped students in the 60 school districts received psychological services and 12% social work services. Referring to a study by Wagner (1989), Knitzer et al. revealed that of 800 plus ED/BD students, 42% received counseling services. Also included in the Knitzer et al. review is a study by Trupin, Low, Forsyth-Stephens, Tarico, & Cox (1988). The Trupin et al. study estimated that 26% of the ED/BD students in Washington State were receiving publicly funded counseling services through the schools and 6% through outside agencies. Knitzer et al. concluded that sustained mental health services for identified ED/BD students is a matter of "chance and economics," and that "parents of children with behavioral and emotional disorders bear a financial burden greater than facing parents of children with other handicapping conditions" (p.14).

While counseling services may have increased since P.L. 94-142, there is little available evidence to suggest that the increased services are being extended to handicapped students, especially ED/BD students (Tompkins & McGill, 1989). Due to the overlapping of types of related services (i.e., counseling, psychological, school social work, etc.), it is difficult to determine the extent of the problem based upon available information. The purpose of the current study is to describe the availability and quality of counseling

services for handicapped students in general. The provision of counseling services for identified ED/BD students is also addressed.

Method

Background

The Council for Personnel Preparation for the Handicapped (CPPH) is a state committee formed to advise the Texas Education Agency (TEA) regarding the state's comprehensive system of personnel development (CSPD). A CPPH task force on Counseling and Social Work was formed in the summer of 1989 to study the status of counseling services for students with special needs. Representatives from CPPH and various disciplines providing counseling services planned and conducted three surveys during the 1989-90 school year.

Subjects

The first survey was mailed in December, 1989 to the 365 members of the Texas Council of Administrators of Special Education (TCASE) via their newsletter. Of the mailed questionnaires, 157 were returned. Eight of the questionnaires returned by TCASE members who were not directors were dropped from the sample, leaving a 41% return rate. The directors served in special education cooperatives (44%) and independent school districts (56%) and represented student populations from very small rural to large urban districts. Five of the directors represented an overall student enrollment between 250 and 999 while two directors reported an enrollment of 50,000 or above.

The second survey was distributed during the Annual Conference on Behavioral Disorders (BD) in Austin, Texas in February, 1990. Of the 350 questionnaires distributed, 297 were completed (84%). The respondents consisted of 168 teachers (149) special education teachers, 9 teacher aides, 6 general education teachers, 2 crisis teachers, 1 vocational teacher, and 1 educational therapist) and 129 other personnel, including public school administrators, mental health administrators, educational diagnosticians, school counselors, school psychologists, associate psychologists, teacher educators, education service personnel, social workers, licensed professional counselors, and private psychiatric hospital or day school personnel.

The third survey was distributed at a state-wide Texas Education Agency (TEA) conference for elementary school counselors in May, 1980, but unfortunately, the information was not kept concerning the number of questionnaires distributed. Seventy-seven completed questionnaires were returned and it was reported by the TEA representative that the majority of the counselors completed and returned the questionnaires (estimated 50 to 70% return rate). All of the respondents reported they represented

public schools, 96% served in elementary schools or a combination of levels including elementary schools, and about equal proportions of the respondents said they worked in urban, suburban, or rural settings (urban 34%, suburban 32%, rural 34%). Over one-half of the counselors reported an assignment to only one school (55%), about one-fourth said they were assigned to two school (26%), and the remainder (19%) reported assignment to three or more schools. Fifty-nine (77%) of the 77 respondents reported they were assigned "exclusively" to regular counseling duties.

Questionnaires

The same form of questionnaire was used in the first two surveys. Developed by the members of the Task Force on Counseling and Social Work, the main section of the two-page questionnaire consisted of demographic items, three questions regarding the availability (rated on a 4-point scale), quality (rated on a 4-point scale), and need for improvement (rated on a 2-point scale) of counseling services, and a fourth question to indicate if one or more of six stated recommendations could improve counseling services for students with special needs. Room was provided for respondents to write-in additional recommendations. Four proposals to increase the number of counselors were included but responses to those questions are not reported here.

The third survey used a two-page questionnaire form developed primarily by the school counselor members of the Task Force on Counseling and Social Work. In addition to demographic items, the questions addressed issues regarding ways school counselors distribute their time at work, the extent of involvement with students with special needs, opinions regarding the availability and quality of counseling services for handicapped students, possible restrictions to be placed on time spent in non-counseling duties, and adequacy of facilities.

Each of the two types of questionnaires asked respondents to respond to "counseling services" for handicapped students. These term were not defined in the questionnaires. Also precautions were not taken to insure that respondents did not complete more that one questionnaire.

Results

The results of the first (special education directors) and second (participants in the Annual Conference on Behavioral Disorders) surveys are reported together since the questionnaires were identical. Designed later for a different purpose, the third survey used a questionnaire which differed substantially from the on given to directors and conference participants. Therefore, these results are reported separately.

Availability of Counseling Services

As shown in Table 1, the majority of the directors and BD conference participants reported that counseling services for special needs students are practically not available or are available only to some extent. However, the conference participants indicated that counseling services are less available than reported by the directors, $\chi^2 (3, N = 442) = 79.74, p < .001$.

Table 1
Availability of Counseling Services for Handicapped or
Special Needs Students as Reported by Special Education Directors and
Behavioral Disorder Conference Participants

Availability	Directors		BD Participants	
	N	%	N	%
Practically not at all	14	9	99	34
To some extent	89	61	186	63
Adequately available	32	22	9	3
Readily available	12	8	1	0
Totals	147	100	295	100

Quality of Counseling Services

Regarding the quality of counseling services, several of the respondents indicated that counseling services for handicapped or special needs students is either poor or fair (directors 52%; conference participants 89%). As illustrated in Table 2, BD conference participants were less optimistic regarding the quality of counseling services than were the directors, $\chi^2 (3, N = 442) = 92.38, p < .001$.

Table 2
Quality of Counseling Services for Handicapped or
Special Needs Students as Reported by Special Education Directors and
Behavioral Disorder Conference Participants

Quality	Directors		BD Participants	
	N	%	N	%
Poor	21	14	146	50
Fair	56	38	115	39
Good	46	31	27	9
Excellent	25	17	6	2
Totals	148	100	294	100

Need for Improvement

Table 3 shows that the majority of directors (88%) and BD conference participants (99%) believe that improvement is needed in counseling services for special needs or handicapped students. The most frequently suggested way to improve services is to have more counselors available for the task (directors, 77%; BD conferees 81%). One-third to one-half of the directors and BD conference participants agreed that administrative support and more training would result in improved counseling services. Some reported that clerical help, better supervision, and better facilities would improve services.

Table 3
Opinions Regarding the Need for Improvement in Counseling Services for Handicapped or Special Needs Students

Availability	Directors		BD Participants	
	N	%	N	%
Improvement needed	131	88	292	99
More counselors	101	77	236	81
Administrative support	50	38	143	49
More training	48	37	141	48
Clerical help	24	18	57	20
Better facilities	16	12	71	24

Note: There were 149 directors and 297 BD participants responding to the suggestions for improvement. The respondents checked one or more of the options.

The 77 elementary school counselors who responded to the third survey were quite variable (0 to 90%) in the percentage of time they reported engaging in direct counseling, either group or individual, but the median of 50% suggests overall they spend about half their time counseling students. The other counseling services were reported as consulting with parents and/or school personnel ($N = 75$, range 3% to 75%, median 15%), administrative duties ($N = 75$, range 3% to 75%, median 15%), administrative duties ($N = 75$, range 0% to 85%, median 10%), and other related tasks such as testing ($N = 75$, range 0% to 53%, median 10%). About one-half (50.7%) of the respondents reported counseling loads consisting of two percent or less of handicapped students with IEP mandated counseling services. Almost one of every five (18.8%) elementary counselors reported providing no counseling services to handicapped students but one out of ten said they spend 50% to 100% of their time providing counseling services to handicapped or special needs students. Similar to the directors in the first

survey, the majority (62%) of the counselors reported that counseling services for the handicapped are practically not available or available only to some extent. The majority (59%) also indicated they believe that the quality of counseling services for handicapped students is either poor or fair.

Discussion

Consistent with information reported by Knitzer et al. (1990), personnel who work with handicapped or students with disabilities believe that counseling services need to be more available and improved in quality. The differences between the first two survey groups suggest that the BD conferees were more unanimous in their agreement on the lack of availability and weak quality of counseling services than were the special education directors. Is there a personnel bias toward the need to provide related services?

Economic considerations play an important role in determining the extent related services are embraced by administrators (Katsiyannis, 1990). Another consideration is the wisdom of giving related services decisions to the IEP/eligibility teams. As noted by Katsiyannis, it is assumed that IEP/eligibility teams are capable of making related services decisions but Ysseldyke, Algozzine, Richey, and Graden (1982) reported evidence suggesting that the capability of IEP/eligibility teams may be questioned.

Although differences in the survey formats did not allow for direct comparisons between the responses of the elementary school counselors and the other two groups, there is evidence that the majority of the sample of elementary counselors do not spend much time providing counseling services to handicapped students and consistent with the special education directors and BD conference participants, the majority believe counseling services are lacking in availability and quality.

It is estimated in Texas that there is one regular school counselor for every 495 non-handicapped students. Receiving a special education label appears to increase the probability by almost 100% that a student will not be afforded counseling services. Are ED/BD students being left out of counseling services? The current data address that question for handicapped students in general, but the BD conferees who have the ED/BD student as a reference point, reported greater need for counseling services and improvement in services that did the directors. Also, a report of the Joint Texas Education Agency/Texas Department of Mental Health and Mental Retardation Task Force on Emotional Disturbance (Hoagwood, 1991) stated that only 25% of identified ED/BD students or their families were receiving any related services in counseling or psychology.

It is widely assumed that the provision of additional counseling services to ED/BD students will indeed enable them to benefit from their educational programs (Forness, 1988; Knitzer et al., 1990). Skiba and Casey (1985)

suggested that methodological flaws in studies which address the efficacy of interventions for ED/DB students limit generalizations. Perhaps one of the most important areas of concern should be to identify the types of counseling services which are likely to yield greatest benefit.

Other issues are suggested by the present results. What types of administrative support are needed to improve counseling services? What special knowledge and skills do counseling professionals need when working with ED/BD students? How may school districts provide effective counseling services to ED/BD students in the face of shrinking budgets? Does the availability of counseling services for ED/BD students provide teachers the support needed to reduce attrition? Answers to these questions should help educators and related services professionals improve services to the ED/BD students and their families.

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Occupational Therapy: A Little Known, Under-Utilized, Related Service for Students with Behavioral Disorders

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Although the profession of occupational therapy had its origin in the treatment of the mentally ill, and was a pioneer in developing community-based programs to meet the psychosocial needs of children, it is rarely used in the public schools as a related service for students with behavioral disorders. Most special educators do not recognize occupational therapy as a relevant related service for BD students.

A national survey of the day-to-day practice of occupational therapy in the public schools revealed that only a few occupational therapists served students with behavioral disorders as their primary handicapping condition. Twenty-eight of these therapists responded to a questionnaire in which they provided detailed data describing their typical services to this population. Analysis of the data revealed that the majority of the services provided were designed to effect the student's neurological system. Though the therapist identified the importance of psychosocial goals, few of the therapists surveyed addressed the student's psychosocial dysfunction in their methods of intervention. It appears that occupational therapy has emerged in the educational sector as a service much akin to physical therapy in which the focus is on motor skill development.

This paper discusses: a) factors that have contributed to the infrequency of occupational therapy as a related service for BD students; b) the primary frames of reference used to provide occupational therapy services with this population; c) the results from the above study of day-to-day practice in the schools; and d) constructs on which to base an occupational therapy program that develops the BD student's psychosocial functioning. Implications for future research are identified.

Occupational therapists have been employed by the public schools since the early 1940's. Approximately ten thousand occupational therapists currently work in school-settings (Chandler, 1990). That number represents almost 25% of the total number of practicing occupational therapists in the nation (American Occupational Therapy Association [AOTA], 1985). Prior to the Education for All Handicapped Children Act (Federal Register,

1975), the traditional function of occupational therapists in the schools was to provide direct services for students with medical problems that interfered with their receiving an education (Gilfoyle & Hayes, 1979; Kalish & Presseller, 1980; Kinnealey & Morse, 1979; Royeen, 1986; Royeen & Marsh, 1988). The Education for All Handicapped Children Act (EHA) stated that occupational therapy is to be provided for all handicapped students who are in need of such related services to benefit from special education. However, occupational therapy continues to be used as an intervention primarily for students with physical problems. Three studies reported that occupational therapists have been providing basically the same type of direct services, to primarily the same students, as they did in the 1940's (AOTA, 1985; AOTA, 1987; Brown, 1989; Gilfoyle & Hayes, 1979; Robert Wood Johnson Foundation, 1988). One noted occupational therapist, Florey (1989) stated that in recent years, the occupational therapy pediatric knowledge base has become focused on the neurological and sensori-motor domain and has ignored the emotional development and behavior of children and adolescents. Two factors perpetuate the current scope of occupational therapy in the public schools: a) wide-spread confusion between therapists and educators as the purpose of occupational therapy (e.g., Baron, 1989; Bloom, 1988; Brown, 1989; Coutinho & Hunter, 1988; Creighton, 1979; Hightower-Vandamm, 1980; Kalish & Presseller, 1980; Langdon & Langdon, 1983; Ottenbacher, 1982; Royeen & Marsh, 1988; Stephens, 1989); and b) the belief held by some educators that occupational therapy is a duplication of comparable educational services already in place (Bloom, 1988; Ottenbacher, 1982). Occupational therapists have done little to demonstrate the need for their interventions as a related service for students with behavior disorders (Forness, 1988).

The purpose of this study was to conduct an initial investigation into the utilization of occupational therapy as a related service for students with behavioral disorders. The primary objectives were to generate empirical data that described the everyday practices of occupational therapy with this population and to determine to what degree occupational therapy has been integrated into the special education programming as a related service for students with behavioral disorders.

Review of Literature

One of the earliest writings addressing occupational therapy goals for students with behavioral disorders appeared as a chapter in Principles of Occupational Therapy. Gleave (1947) wrote that the student with behavioral disorders should be treated by therapists using a program of constructive work and play to increase both confidence and competency. For both young children and adolescents, Gleave conceptualized behavioral disorders as being a function of a play deficit. She directed occupational therapists to focus on the remedial potential of therapeutic play with real-life meaning

to the child. The child's confidence and competency was increased by providing an environment in which habits and approaches to tasks were relearned so that the expectation of success promoted the child's desire to be engaged, rather than disengaged, with society. Since her early writings, more specific frames of reference have been developed to guide intervention.

Frames of Reference for Occupational Therapy Intervention

Several approaches to intervention are currently used by occupational therapists serving school-age children and adolescents with behavioral disorders. These approaches can be grouped into five traditional frames of reference: a) developmental; b) functional; c) neurological; d) occupational; and e) psychoanalytical (Cronin & Burnell, 1989). The neurological frame of reference is the most common approach used in public schools. While the other four are used by a few school-based occupational therapists, they are more common in clinical settings.

The developmental frame of reference

Several occupational therapy scholars have described a developmental approach for children with behavioral disorders (e.g., Agrin, 1989; Baker, Gaffney & Trocchi, 1989; Clark, Mack & Pennington, 1988; George, Braun & Walker, 1982; Llorens & Rubin, 1962; Llorens, Rubin, Braun, Beck & Beall, 1969). They emphasized providing the student with opportunities for simple manual exploration of the environment. Activities such as painting, drawing, cutting, pasting, sorting by size, shape, color and form were consistent modalities. Developmental interventions encouraged the students to experiment with a variety of media. Craft activities were often included. They served a preparatory function. Through therapeutically selected crafts, the child gained appropriate skills and experienced a sense of performance competency essential for successful group acceptance. Group task activities were used to develop cooperative work skills. Directed play was often an intermediate step for those not ready for task group work. The most common therapy objective identified by the developmental scholars was the promotion of social skills. The modalities used met the performance-related developmental needs of the students and consequently enhanced their social skills.

The functional frame of reference

Other occupational therapy programs have been developed which focus on functional activities (e.g., Barker & Muir 1969; Klapman & Baker, 1963). Such programs focused on acquiring social competencies. Every day constructive work activities such as cooking, sewing, coloring, and discovery learning were the modalities used to promote the experience of social pleasure as a derivative of functional activity. Social skills were acquired naturalistically during the activity process.

The function-based program described by Barker and Muir (1969) encouraged role overlap among various interdisciplinary staff members. They stated that the greatest overlap occurs in the activities that are used by both occupational therapists and teachers. However, Barker and Muir pointed out that there are distinct differences in the manner in which the activities (used by the therapist and the teacher) were initiated, the methods of instruction, and the purposes of the activities. Whereas teachers use instructive teaching methods, occupational therapists model skills, using little verbal direction, and emphasize experiential learning. Another distinction was the occupational therapy emphasis on activities that were consistent with the child's intrinsic-motivation. A variety of activities were used to promote social skills and behavior adjustment (e.g., tie-dying, pottery, print making and candle-making (Bell, 1977; Fergus & Buchanan, 1977). Each of the therapeutic modalities had a functional use. Successful participation enhanced the student's social status and redirected his or her social orientation.

The neurological frame of reference

Several types of neurologically-based programs for BD students appear in the occupational therapy literature. Cermak, Stein, and Abelson (1973) described a public school program in which hyperactive students with behavioral disorders were served through an interdisciplinary program of psychotherapy, family casework, and occupational therapy. Occupational therapy consisted of creative drama, play media, cognitive games, and discovery learning activities that involved the sensory systems. The goal was to help the students develop internal controls that would enable them to consciously filter out distracting external sensory stimuli. Proponents of this approach used natural experiences within the environment to effect the nervous system.

Other scholars have developed a neurological approach in which the focus is directly on the student's nervous system. Proponents of this approach attribute behavioral disorders to sensory processing deficits (Ayres, 1972, King, 1978; Kohler, 1980; McKibben & King, 1983). Modalities that involve subcortical sensation were used in this approach. Movement activities such as going down a ramp in a prone position on a scooter board, spinning in a large swing, or balancing on a big ball were described. Advocates of this approach have reported that these activities stimulate the student's vestibular, proprioceptive, and tactile responses. It is their belief that such responses are essential for accurate sensory processing. Some research has supported the assumption that there is a causal relationship between sensory integration (SI) deficits and behavioral disorders. Rider (1963) hypothesized SI deficits were common among students with behavioral disorders. Her results were statistically significant and supported her hypothesis. Ayres (1972), one of the founders in this approach, cautioned that though the

child's sensory system was the immediate focus of therapy, the long-term objective of a neurological intervention was to increase the child's occupational performance and social acceptance.

The occupational frame of reference

A number of other scholars have developed what were described as occupation-based interventions (e.g., Adelstein, Barnes, Murray-Jensen, & Baker-Skaggs, 1989; Reilly, 1974; Shannon, 1977; Vandenberg & Kielhofner, 1982). These programs emphasized the belief that all human beings have an innate urge to be engaged in occupational activities. Play was the primary modality described. The therapist was portrayed as a nurturing role model who presented occupational activities in a challenging but playful way. These programs stressed the relationship between play occupations and the development of adult competencies in occupational roles (work, play, self-maintenance). Directed play was used by these practitioners to establish an environment in which the BD student could acquire play competencies. Work/play activities such as model building, cooking, and group games, were used to improve the child's perception of ability to master the environment. Occupation-based interventions also emphasized developing the student's appreciation of habits and establishing a routine of living as a part of successful self-maintenance.

The psychoanalytic frame of reference

Several programs are described that are based on the psychoanalytical perspective (e.g., Forward, 1958; Gill, 1976; Howe, 1968; Rabinovitch, Bee & Outwater, 1951). In this frame of reference, occupational activities were used to help the student overcome frustration, develop coping mechanisms, and experience gratification through productive occupation. The aim of therapy was to develop impulse control, channel destructive energies, and develop insight. The outcome of these experiences led to more constructive behaviors. Occupational activities were presented in a "workshop" environment. Modalities used included pottery, film-making, poetry, music, debate, art, activities of daily living, role playing, and community outings.

Summary

Barker and Muir (1969) observed that, regardless of the particular frame of reference, the modalities described in the literature were highly consistent. They stated that the overriding objective of occupational therapy was improved social behavior. This was also consistent regardless of the specific frame of reference used to guide day-to-day intervention. However, the short-term objectives of therapy do vary widely. The review of literature revealed that there is also divergence in therapists' perceptions of their role with the BD student population. While some therapists see themselves as psychotherapists who use modalities to promote catharsis, other therapists use modalities to improve motor skills and sensory integration, and still

others focus on social skills, work and competency building. These variations are reflected in the specifics of the intervention programs that have been described.

A Comparison Between School-Based and Clinic-Based Occupational Therapy

The review of literature revealed two factors that may have led to the current type of services provided by school-based occupational therapy to BD students. First, Adelstein, Barnes, Murray-Jensen, and Baker-Skaggs (1989) reported that the public schools have failed to provide the occupational therapy services needed for BD students unless they also have neurological problems. They concluded that the reason for this situation was that school personnel had little understanding of the potential contribution occupational therapy could make with the BD student.

Second, according to Florey (1989), school-based occupational therapists are not addressing the psychosocial problems of their referrals. She asserted that they appear to prefer a focus on the neurological component of the student's school-related problems. Florey lamented that, in recent years, the occupational therapy pediatric knowledge base has become centered on neurological/sensory-motor concerns and has disregarded the psychosocial functioning of children and adolescents. She stated that occupational therapy has become limited in the schools to the neurological frame of reference and that the modalities used address sensory integration with little, if any attention given to the child's psychosocial functioning.

The literature revealed that the intervention and modalities used most frequently by occupational therapists in the clinical setting emphasized the student's psychosocial functioning, (e.g., self-esteem, self-concept, social skills, and competencies). Functional, developmental and occupational frames of reference were more frequently used in the descriptions of clinic-based occupational therapy programs. The neurological frame of reference was the least common approach. In contrast with the one-on-one approach used in the schools, clinic interventions used primarily a group format to encourage social skill acquisition through productive activity (e.g., Adelstein, Barnes, Murray-Jensen, & Baker-Skaggs, 1989; Agrin, 1989; Baker, Gaffney & Trocchi, 1989; Barker & Muir, 1969; Llorens & Rubin, 1962; Vandenberg & Kielhofner, 1982).

A Special Education Perspective on Occupational Therapy Intervention

The types of modalities used by occupational therapists who serve students with behavioral disorders are often subsumed under the title of adjunctive or supportive therapies in the special education literature. Rizzo and Zabel (1988) addressed the use of art, music, writing, and other experiential activities by both teachers and therapists in the schools. Though they stated a concern that adjunctive therapies have little empirical support, they urged

special educators to provide students with behavioral disorders more opportunities for creative and recreational activities. They lamented that such students are frequently denied expressive opportunities to build competencies not available in pure academia. Several renowned special educators have recognized the importance of adjunctive therapies to give students with behavioral disorders the opportunity to experience mastery of self (Bower, 1969; Fenichel, 1971; Hewett, 1968; Knoblock, 1983; Redl, 1951). They emphasized the importance of providing play activities for emotional growth and development. Play skills were described as necessary for success in the academic setting. Bower (1969) stated that the student with a behavioral disorder should not be treated as a miniature adult (e.g., through counseling and other cognitive therapies), but provided interventions that reflect the child's role (e.g., to walk, talk, run, take things apart, or to understand how caterpillars become butterflies). He proposed that the surest way to help the student with a behavioral disorder is to provide competency building real-world activities.

Though some special educators have admonished teachers for using supportive/adjunctive therapies due to the lack of empirical evidence documenting effectiveness (Phillips, 1981), others have stated that the absence of such proof does not negate their value (Rizzo & Zabel, 1988). They have stated that such interventions may offer teachers another route to generate an enthusiasm for learning in students with behavioral disorders.

Method, Subjects, and Procedure

A multi-variable questionnaire was used to elicit the desired data. The survey questions were based on the review of literature, a pilot study, and a critique of the instrument from four occupational therapy professionals who assessed the questionnaire for validity, clarity and reliability. The subjects were selected through a computer search of the AOTA databank. The search identified 121 therapists who were serving students with behavioral disorders as one of their three most common referrals. Fifty-six of the 121 therapists agreed to be in the study. The questionnaire was mailed to the therapists along with a postage-paid return envelope. Descriptive statistics were used to analyze the data.

Results

Demographic Data on Subjects

Thirty-two questionnaires were returned, 28 of which were appropriate for analysis. Eleven (39%) of the subjects (1 male and 27 females) were from northeastern states, 10 (36%) were from the northern middle states, and 7 (25%) were located in west coast states. While one therapist indicated she had been in practice for over 35 years, the average length of practice

was seventeen. Sixteen (57%) held master's degrees in occupational therapy; 12 bachelor's degrees. The average length of school-based experience was years. Twenty-five (89%) of the therapists in this study reported having had prior work experience in one or more professional settings. These work experiences were most frequently in mental health and pediatric environments.

The majority of therapists were employed by suburban school districts. Fewer than 1 out of 5 of the therapists provided services to students in urban schools; three therapists provided services in rural schools. The therapists typically served this student population outside the classroom (41%) or in self-contained classes (33%).

Referral to Occupational Therapy

The data reveal that few of the occupational therapists had frequent involvement in either the preliminary prereferral and/or periodic planning meetings held on the behalf of students with handicapping conditions. One-third of the therapists were included in prereferral meetings by invitation only, and more than 50% of the therapists stated that they attended individualized education plan (IEP) meetings by invitation only. Almost half of the therapists stated that they were being referred students with behavioral disorders because of their own initiative and specific interest in the population. The special education teacher was the most frequently cited referral source. While the school psychologist was often cited as a frequent source of referral, the school counselor was not identified by any of the therapists surveyed.

Age, Gender, Reasons for Referral and Methods of Intervention

The therapists reported that they served primarily elementary age students with behavioral disorders (66%). They saw approximately three times as many males as females. Those students who were referred typically presented with three primary problem areas: coordination, perception, and psychosocial. It appears from the data obtained that, while the coordination and perception problems were addressed by the occupational therapists, the psychosocial problems of these students was essentially ignored. The evaluation instruments most often used addressed either developmental functioning or sensory integration. Few evaluations were used that have a significant psychosocial component.

Over half (56%) of the therapists selected the theory of sensory integration as the primary theory guiding their practice. The majority of the remaining therapists selected developmental theory. Improvement in sensory integration was the most frequent goal stated by the therapists (see Table 1). However, almost one-third of the therapists identified psychosocial goals as their second most common type of goal statement.

Table 1
Frequency of Occupational Therapy Goal Statements for
Students with Behavioral Disorders

Method/Specific Goal	Frequency of Responses	
	N	%
Behavioral/peer acceptance	6	7
Occupational/living skills	7	8
Psychosocial/self-concept	25	30
Sensorimotor/fine-motor skills	17	20
Sensory Integration/attention span	29	35
Total	84	100

Fourteen (50%) of the respondents indicated that they provided mostly individual and some group occupational therapy sessions (see Table 2). Seven (25%) stated that they provided group and individual services equally. Six (21%) reported they provided more group therapy services than individual.

Table 2
Frequency of Group or Individual Occupational Therapy
Interventions for Students with Behavioral Disorders

Format	Frequency of Responses	
	N (28)	%
Group therapy only	2	7
Mostly group and some individual	4	14
Group and individual equally	7	25
Mostly individual/some group	14	50
Individual only	1	4

Reasons for Parent and Teacher Contacts

The therapists averaged fewer than eight contacts with parents over the academic year. Contacts were made, primarily, to pass on general information. Only 1 out of 5 contacts were made to assess the home environment or carryover of therapy into the home. Contacts with teachers were also made for information sharing. Explaining occupational therapy was a frequent reason for teacher contact; classroom/home carryover of occupational therapy was rarely identified. The school psychologist was the most frequently contacted "other school professional".

Conclusions

The results of this study suggest that there are inconsistencies between the practices of school-based occupational therapists and clinic-based therapists who serve the same school-age population who have severe behavioral disorders. This statement is supported by the results of this study and a comparison with the review of occupational therapy literature.

Occupational therapy literature on treating the school-age population in the psychiatric environment has historically (from the 1940's to the present) emphasized the importance of group tasks, promoting carry over of skills into real-world practical competencies, and mastery experiences (e.g., Adelstein, Barnes, Murray-Jensen, & Baker-Skaggs, 1989; Agrin, 1987; Baker, Gaffney & Trocchi, 1989; Barker & Muir 1969; Clark, Mack & Pennington, 1988; Edelman, 1953; Fergus & Buchanan, 1977; George, Braun & Walker, 1982; Gill, 1976; Gleave, 1947; Klapman & Baker, 1963; Llorens & Rubin, 1962; Shannon, 1977).

While these interventions emphasized day-to-day occupational functioning, the activities were holistic; addressing all of the components of performance. The most common goal cited in the literature was to improve social skills. The most frequently reported theory guiding practice was occupational behavior (Kielhofner & Barris, 1984).

Further, the results of this study support recent statements made by Adelstein et al. (1989), that the public schools have failed in the provision of occupational therapy services for students with behavioral disorders. They stated that occupational therapy is not made available unless the student has a neurological handicap. They also asserted that the profession has become so infatuated with the neurological frame of reference, that services are no longer holistic (Florey, 1989; Yerxa, 1989). The data from this study support these statements.

Finally, the results reveal that although the therapists overtly identified goal statements addressing psychosocial problems, the majority of therapy time was directed toward improvement in sensory integration. This direction, for an education-related service, appears problematic when considered in

light of the belief among many special educators that impaired social skills and peer relations are the greatest obstacles in mainstreaming students with behavioral disorders (Schloss, Schloss, Wood & Kiehl, 1986). The apparent incongruency between the goals of school-based occupational therapy and special education with this population becomes more pronounced in that the data reveal that most of the therapists surveyed (54%), provided services in an individual format. Few therapists (21%) identified group approaches as their primary mode of service delivery. The interventions used in sensory integration were focused on developing the student's neurological system, not specifically addressing day-to-day psychosocial developmental, or occupational behaviors. The results of this study support Cronin and Burnell (1989) in their assertion that sensory integration is the most common theory of intervention used by public school therapists. The data obtained in this study reveal that the 28 school-based occupational therapists overwhelmingly approached the student with a behavioral disorder from the neurological perspective, oftentimes overlooking the psychosocial needs.

Constructs on Which to Base an Occupational Therapy Program for Students with Behavioral Disorders

A synthesis of the occupational therapy literature identified seven constructs which were repeatedly present in the clinical programs developed for students with behavioral disorders. These are as follows:

1. meaningful occupation of time
2. use of the exploratory environment
3. need for socially interdependent learning
4. the innate urge toward competency
5. impact of perception on performance
6. adaptation is the vehicle for functional development
7. function is the by-product of the occupational adaptation process

Both education and occupational therapy literature have emphasized the importance of these constructs in serving this student population. It is proposed that school-based occupational therapy for BD students should be based on these fundamental constructs. Modalities would be those that are occupational, intrinsically motivating and promote the development of social skills in a natural learning environment (e.g., team sports, creative activities, newspaper production, gardening and volunteerism). The occupational therapists' role becomes one of facilitating not teaching. The therapist models interaction with the environment and media. Occupational activities are not "taught", but presented in an atmosphere of guided self-discovery. The setting for this type of occupational therapy intervention is varied, from the art room, to the woodshop, to the school greenhouse, to the community. The function of the therapist is to enable the student to meet the demands of occupational challenges in the most efficient, effective, and satisfying manner possible.

Recommendations for Future Research

This study has generated three research questions that merit further inquiry. First, why are so few occupational therapists serving students with behavioral disorders? Second, what is the explanation for the apparent discrepancy between the occupational therapy services provided for BD students in clinical versus public school settings? Third, what interventions and related frames of reference are the most effective in meeting the educational needs of students with behavioral disorders.

Some Further Thoughts

It is an accepted premise that students with behavioral disorders are the most underserved handicapped population. Funding and human resource constraints often compromise the provision of needed services. Although occupational therapy has not been part of the traditional BD programming, this related service offers a rich body of knowledge and experience in serving such students in the clinical setting. Occupational therapists have an extensive history of working with the most severely disordered students hospitalized in acute care and outpatient followup. Practice models have been developed in these settings that are based on experiential learning of role performance (e.g., social skills, age-appropriate task skills, creativity, self-awareness, sense of competency). These models of intervention are directly applicable to the educational needs of the student with behavioral disorders.

Occupational therapy programming would add a highly relevant, cost-effective related service for BD students. Such programming would not only reinforce skills learned in special education, but provide an alternative avenue to approach even the most challenging students with behavioral disorders.

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Consumer Perspectives on Time-out

Frank H. Wood and Gordon Wrobel

The regulations guiding the implementation of Public Law 94-142 call for the participation of students with special needs in the development of their Individualized Education Plans to the extent that this is appropriate. The right of students to participate in the making of key decisions affecting their social and educational progress has practical as well as legal implications. It stands to reason that students who agree with the goals of their educational plan and accept the intervention procedures proposed will have a greater chance of making progress under the plan than those who disagree.

Time-out is the most aversive intervention used in most special education programs. Time-out has been demonstrated effective in reducing the frequency of occurrence of disapproved behavior, but it has been difficult to isolate exact dynamics because time-out is a complex procedure involving response cost, extinction, stimulus deprivation, negative reinforcement, and positive reinforcement (Rutherford & Nelson, 1982). The potential for the inappropriate and/or abusive use of time-out has led to a substantial literature arguing its pros and cons (Guess, et al., 1987; Council for Children with Behavioral Disorders, 1990). Relatively little of this literature covers the attitudes of students and their parents towards time-out. Students, parents, and teachers view time-out as highly aversive (Wood & Hill, 1983; Miller, 1985; Nelson & Johnson, 1975) and prefer to have behavior managed through the use of interventions like differential reinforcement of an alternative or incompatible response or response cost (Kazdin, 1980a; 1980b). Students are quite negative in their initial attitudes toward time-out, but in some settings, they later come to view it as neutral or positive (Joshi, Capozzoli, & Coyle, 1988). While not the intervention of first choice, time-out is considered a justifiable intervention to manage behavior that is highly disruptive or aggressive (Elliott, Witt, Galvin, & Peterson, 1984).

Time-out is a common intervention to manage severe problem behavior in school settings. Both Ruhl (1985) and Zabel (1986) found that teachers reported time-out to be their most frequent intervention response to aggressive behavior. Zabel (1986) found that teachers reported time-out to be their most frequent intervention response to aggressive behavior. Zabel (1986) also found that teachers reported more frequent use of time-out with younger students. Whether because of its effectiveness in deterring problem behavior or for other reasons, the frequency of use of time-out

and the duration of the time-out interval has been reported to drop with the length of a student's stay in a program where it is used (Joshi Capozzoli, & Coyle, 1988). Decreasing the use of time-out would appear to be an appropriate staff goal even in those programs where it is considered an important intervention procedure.

Method

In this study, the authors used student responses to a prepared questionnaire to determine their attitudes towards the use of time-out in two programs serving adolescents with severe emotional/behavioral disorders (EBD). Responses were tabulated for the group as a whole and for subgroups based on differences in program, age, sex, ethnicity, and indices of problem status.

Subjects

Sixty six adolescent students, aged 13 to 20, participated in this study. The students were enrolled in one of two special school programs for EBD youth, 32 in Program 1, which served younger students (modal age 15, range 12-16), and 34 in Program 2, which served older students (modal age 17, range 16-21). While the programs are housed in different wings of the same large building and share some activities, they are administered independently and differ in curriculum, behavior management procedures, and use of time-out. Students who complete Program 1 but are not ready to return to a regular school academic program do not necessarily go on to Program 2. Both programs draw from a total secondary school population of more than 15,000 students.

The participants were predominantly male (Program 1: 84%; Program 2: 85%). Ethnic groups represented include African American (Program 1: 47%; Program 2: 32%), Caucasian (Program 1: 28%; Program 2: 59%), Native American (Program 1: 19%; Program 2: 3%), Hispanic (Program 1: 6%; Program 2: 3%), and Asian American (Program 1: 0%; Program 2: 3%). The major disproportions exist in the African American and Caucasian student populations, with Program 1 having larger numbers of African American and Caucasian student populations, with Program 1 having larger number of African American students and Program 2 larger numbers of Caucasians. A minority of students (18%) came from two parent families with the majority from single parent, blended, or foster home families. Eighty-eight percent of the participants had IQ scores falling between 80 and 120.

Students may be assigned to time-out by all staff who have direct contact with students including teachers, administrators, paraprofessional and support staff, social workers, school psychologists, and speech and language

specialists. The two programs differ in their use of time-out. Although both staffs follow explicit guidelines that have been developed by staff and reviewed by the school district central administration in applying this procedure, staff in Program 2 have more latitude in deciding whether or not to use time-out in a specific instance. Physical restraint and seclusion time-out are not used with students in Program 2. Time-out is used with more students and with greater frequency in Program 1 than Program 2. Program 1 staff occasionally place students in a specially prepared seclusion time-out area called the "quiet room." Program 2 has no quiet room.

Data from Program 1 on 24 students on whom data were available for both the second and sixth or last six-week attendance period indicated that seven students (20%) were sent to time-out more frequently at the end of the school year than the beginning. Nine (38%) were spending longer periods of time on the average visit to time-out at the end. Similar data were not available for students in Program 2.

The students participated at the request of their teachers but no coercion was used to obtain participation.

Questionnaire

The 19 item questionnaire was developed by the authors with assistance in revisions of the pilot version from teachers and students in the two programs.¹ A copy of the questionnaire can be obtained on request². Statements about time-out are followed by a three-point scale permitting agreement (Yes), disagreement (No), or uncertainty (?). Item 16 on the questionnaire ("Being in the quiet room is not so bad.") was asked only of Program 1 students since Program 2 did not have a quiet room facility. The questionnaire was administered by classroom teachers and educational assistants. Assistance in reading the questionnaire was given to students as appropriate.

Issues related to the reliability and validity of the questions were addressed in the development and piloting of the questionnaire. Reliability and validity issues were treated by applying criteria commonly used in qualitative research, especially the use of defensible procedures in data collection and determination that an interpretable pattern existed in the responses of subjects (Stainback & Stainback, 1988).

¹The authors wish to thank the students, teachers, and staff of the Harrison Secondary programs, Minneapolis (MN) Public Schools, for their cooperation and support during the conduct of this study.

²For a copy of the questionnaire used in this investigation and the revised form being used in current research, send a self-addressed envelope to Dr. Frank H. Wood, 226 Burton Hall, 178 Pillsbury Drive Southeast, Minneapolis, MN 55455.

Data Analysis

Proportionality of responses from students in the two programs was tested by calculating the Chi-square statistic for a 2 x 3 table (program x response). Differences were found for five items. Differences between males and females were found only for Program 1 students on the item describing the quiet room. No differences were found that related to ethnicity. These findings should be interpreted in light of the relatively small numbers of female students and students from some of the ethnic subgroup classifications. Because of a lack of evidence for strong relationship, sex and ethnicity were ignored when the t statistic was calculated for each program mean.

Product moment correlations between student response ratings, calculated by assigning "Yes" responses a value of 3, "?" responses a value of 2, and "No" responses a value of 1, were applied to determine if response patterns were related to other indices of problem behavior. Alpha level was set at .05.

Results

To facilitate discussion, the statements on the questionnaire were groped into three categories: "Is time-out needed?," "Perceived teacher attitudes and practices," and "Personal feelings about time-out." The average ratings given each statement are shown in Table 1. Because the preliminary Chi-square analysis had shown significant differences associated with program in the ratings assigned t tests were done to determine if the differences between program means were statistically significant. Probabilities less than .10 are reported for information, but only those less than .05 were considered to be significantly different from chance to merit attention.

Differences in ratings associated with program of enrollment occurred on six of the eighteen statements. As noted, statement 16, indicating a lack of anxiety about time spent in their quiet rooms, was not rated by students in Program 2. The general pattern indicates well developed student opinions about time-out. Ratings on most items did not cluster about the center value of 2, indicating respondents tended to have definite "yes" or "no" opinions on the issues presented. For only two of 19 statements was the overall mean in a central band between 1.75 and 2.25. The modal response on all items was always either 3 or 1, and the instances in which the mean was close to the center resulted from a division of opinion, a relative balance of 3 and 1 responses, rather than uncertainty.

Table 1
Mean Responses Values to Items Clustered by Topic

Item	Program Means		
	Total	Secondary	SRC
IS Time-out NEEDED?			
1. Some kids at this school need time-out.	2.77	2.72	2.82
5. I think time-out is a bad idea. ($p < .03$, N:65 ¹)	1.60	1.84	1.36
14. If I was a teacher at Harrison, I would send kids to time-out if they needed it.	2.63	2.55	2.71
18. Some kids at this school should be sent to to time out more often. ($p < .02$, N:65)	2.31	22.03	2.56

¹Probability of observed difference between Harrison Secondary and Harrison SRC means.

PERCEIVED TEACHER ATTITUDES AND PRACTICES.

4. Teachers don't send you to time-out unless you really deserve it.	2.38	2.44	2.32
6. Teachers don't know what it is really like to be in time-out.	2.11	1.94	2.27
10. Teachers send you to time-out for no reason. ($p < .07$, N:66)	1.62	1.81	1.44
11. Teachers think time-out is a good idea.	2.73	2.63	2.82
15. Teachers try to help me calm down so I won't be sent to time-out. ($p < .02$, N:66)	2.53	2.32	2.74
19. I get sent to time-out too often. ($p < .001$, N:64)	1.52	1.87	1.21

Table 1 (Cont.)
Mean Responses Values to Items Clustered by Topic

Item	Program Means		
	Total	Secondary	SRC
PERSONAL FEELINGS ABOUT TIME-OUT.			
2. I go to time-out less than I used to when I first came to this school. ($p < .02$, N:65)	2.29	2.06	2.50
3. Being in time-out doesn't bother me.	1.71	1.65	1.77
7. If I am in time-out, I try to get out as soon as I can.	2.56	2.42	2.69
8. I usually know why I am sent to time-out.	2.59	2.53	2.65
9. Being in time-out helps me get control of myself.	2.42	2.36	2.47
12. There are days I would rather be in time-out than in my classroom.	2.15	2.31	2.00
13. I go to time-out more now than I used to when I first came to this school. ($p < .001$, N:66)	1.50	1.84	1.18
16. Being in the quiet room is not so bad.		1.94	
17. I can keep from being sent to time-out if I want to. ($p < .07$, N:66)	2.80	2.69	2.91

The pattern of total group responses indicates general acceptance of the need for time-out and agreement with teacher attitudes and practices. Responses to statements related to personal feelings indicate that students believe they understand the relationship between their own behavior and the application of the intervention.

Where students in the two programs differed, students in Program 2, the older students, more strongly agreed with statements that were positive about time-out and more strongly disagreed with statements that were negative.

A 5 x 19 correlation matrix of 19 responses to statements to five indices of problem behavior status (number of informal suspensions, i.e. suspensions of less than 24 hours duration which do not require a full due process hearing before implementation; number of formal suspensions, longer than 24 hours; number of problem behavior incident reports written by teacher; number of visits to time-out; and average time spent in time-out) produced 36 correlations (38%) with probabilities less than .05. (At this level of significance, as many as five correlations are predicted to occur on the basis of chance alone.) The raw totals on the indices were divided by the number of days in school before the correlations were calculated so that the numbers would not be distorted by differences in daily attendance. The ratings for the seven statements (1, 7, 9, 10, 14, 17 and 19) showing the strongest patterns of relationship were clustered to yield single scores which were correlated separately with the five indices. The results are shown in Table 2. The correlations show an interpretable pattern of relationship that will be discussed later.

Table 2
Correlations Between Total of Seven Items and Indices of Problem Behavior
(N:64)

Index of Problem Behavior	
Informal Suspensions	-.59**
Formal Suspensions	-.44**
Incident Reports	-.36**
Time-out Visits	-.51**
Time in Time-out	-.37**
	**p<.01

When summing to produce the cluster score, student responses were adjusted so that all reflected a positive attitude, i.e., a "No" response to a negatively worded statement was transformed into a positive rating of 3. The overall cluster score correlated negatively with the problem behavior status indices.

A more positive response to questionnaire items was negatively associated with higher indices of problem behavior. To cite a specific example, students who were sent to time-out more frequently were more negative in their attitudes towards time-out as an intervention.

Discussion

This survey of student "consumers of time-out interventions" in two programs showed several patterns consistent with previous research findings. Students tended to be favorable in their attitudes towards the use of time-out as an intervention, strongly agreeing that "Some kids at this school need time-out.", and that "If I was a teacher at Harrison, I would send kids to time-out if I want to." On the other hand, they tended to be divided in their response to the statement, "I get sent to time-out too often." A majority answered "No" to this statement, but a substantial minority answered "Yes." These findings add an interesting dimension to those of Elliott, et al. (1984). Like teachers, students accept the concept of a general need for the use of time-out to manage severely disruptive or aggressive behavior, but as individuals, they are not so confident that its use with themselves is justified.

The younger students in Program 1 were more frequent "users" of time-out services than older students in Program 2. Such a pattern has also been reported by others (Josh, Capozzoli, & Coyle, 1988; Zabel, 1986) and may be taken as a common finding regarding practice. Whether or not this finding reflects differences in the actual behavior of the groups studies, differences in intervention programs used with older or younger students, or some other factor cannot be determined definitively from data collected in the present study.

The younger, more frequent consumers of the intervention in this instance tended to be less positive in their attitudes towards it. The differences between the means of the two program groups exceeded the alpha level set in six of eighteen item comparisons and approached it in two others. The younger students were also more frequently split in their ratings of the intervention, their answers on any given item clustering at both extremes with few students selecting the middle rating.

Students who had more problems, and who therefore were presumably more frequently exposed to time-out, were more negative in their ratings of the intervention. This is shown in the consistent pattern associating more frequent problems with more negative responses to time-out. Development of more accepting attitudes towards the use of time-out may be a factor of time in program alone (Joshi, Capozzoli, & Coyle, 1988), as well as being associated with gradually increasing conformity to the expectations of teachers in this setting where time-out is used as a punishment for

nonconformity.

The findings of this study may reflect the particular characteristics of the settings in which the students were exposed to time-out. Their generally positive attitudes about the use of the procedure may result from exposure to programs in which it is applied only as a last resort for managing seriously disruptive or aggressive behavior and under closely monitored conditions. Further research is being undertaken to determine whether or not attitudes are the same in other settings, and if not, variables associated with those differences. A study using a pre/post-test design to determine the relationship between changes in attitude and changes in behavior is also planned.

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The Role of Public School Personnel In Non Education Issues: Inter-agency Interventions with the Home, Police, Shelters, Hospitals, and Other Social Service Agencies

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Overview

The "intact" family consists of two parents, one male and one female, who are married with two or more children and in which the mother remains at home and the father works, has largely vanished. It is estimated to exist in only 6% of American families (Bureau of Labor Statistics, 1989). Because of the changing nature of the American family, public schools have been, and continue to be, pressed by society to fulfill many of the functions which have been the province of the family in the past. This trend does not appear to be diminishing, but rather is flourishing and the demands increase in intensity under the continued decay of the family structure as our society knew it. The body of evidence which demonstrates this is already overwhelming and continues to grow.

The adage about trying to satisfy everyone, and as result satisfying no one, comes to mind. The back to basics movement is a visceral reaction by the public to the perceived failure of the schools to address their fundamental mission; that of educating children. What the public fails to perceive is the added and conflicting roles which the schools have been expected to fulfill by default: There is either no one to prepare breakfast or lunch, or there is no breakfast or lunch to prepare; the schools begin to serve meals. "In 1983, over 50% of all school lunches were served free or fee-reduced. Eleven million lunches were consumed by students who came from families with incomes qualifying for a federal food subsidy. This represents an 800% increase since 1960, although the public school population has increased by only 15%." (Rittenmeyer, 1986, p. 2). There is no one willing or able to talk about the realities of sexual activity; the schools begin sex education programs beyond the basic biological functions of organisms. "One response, tried by over 30 schools and under

consideration by many others, is the establishment of a health clinic on school grounds." (Rittenmeyer, 1986, p. 4). There is no one to speak to the dangers of substance abuse, or there is a substance abuser in the home; the schools begin substance abuse programs. "We do know that marijuana has become the second largest cash crop in the United States and that so much cocaine has entered the country that the price has fallen 40%." (Rittenmeyer, 1986, p. 5). There is no one willing or able to provide direction, rules, structure, and consequences; the schools begin to provide these disciplinary and character forming controls. "More serious still is the fact that teenagers account for over 30% of all arrests for violent crimes, and 18 year olds represent the largest single age cohort of persons arrested for committing violent crimes." (Rittenmeyer, 1986, p. 5).

The length of the school day has not increased in the last 50 years, but the amount of information and the complexity of the material to be learned have increased 100 fold. To this, the schools are now to add all of these other functions within the school day. It is easy to understand how the three "R's" can get lost in the rush to provide these services.

It is important to note at this point that these services should not be taken lightly. In many cases it is a matter of life and death for students. Having no information, or, worse yet, wrong information can prove fatal (e.g. information regarding AIDS and other STD's). So it is appropriate for school districts to attend to these issues. These issues can be dealt with as well as the traditional three "R's".

However, the schools cannot do it alone. Alliances must be formed with the other community based agencies whose mission it is to provide such information and services. In all of this, the role of the parents, and their rights and responsibilities, must be maintained foremost. Parents must be helped to understand the vital nature of their participation in these issues and must be supported in their efforts to be involved (Kurtz & Barth, 1989). Their involvement, in fact, must be demanded when it is not forthcoming.

School officials are now faced with the challenge of getting beyond superficial involvement with parents to involve them in a meaningful way. It may insult parents to just invite them to school to see their children dance. Educators must convince parents and citizens that they are needed and wanted too. (Pinkney, 1985, p. 252).

The Historical Perspective

Each generation continues to look upon school as the social institution to solve society's ills. Schools have been expected to prepare individuals to meet the needs of the industrial society and the needs of citizenship. Schools have been expected to prepare individuals to meet the needs of

the industrial society and the needs of citizenship. Schools have been expected to provide each individual with the knowledge necessary for equal opportunity and self-fulfillment.

The primary goal of the school as a client serving organization is to transmit useful skills and information to pupils. A set of secondary goals also exists: (1) to teach values and proper conduct; (2) to teach social conformity that corresponds to current societal styles and needs. These are often referred to as the schools' social institutional roles." (Allen-Meares, Washington, Welsh 1986, p. 45).

Charged with passing on the traditions and culture of our society to the next generation, generally perceived as a conservative role, schools have historically discharged their duty well. However, over the last thirty-five years, and principally in the last ten years, there has been a major shift in the public schools' mission as viewed and interpreted by our society. Schools have been expected to improve the chances of minorities and the underclasses for full participation in society. Schools are now expected to compensate for the plight of the American family.

The schools have moved toward the new expectation and perception of the school as a center of social change, a shift away from the traditional and conservative role. This is a radical departure from the former mission of the school as a place of learning for personal growth and development for future contribution to society. However, this shift has not taken place without serious dissent and controversy between certain segments of the population. And it is not the first time that an attempt has been made to shift the focus of public schools to a more "social service" provider aspect (Sedlak & Schlossman, 1985).

The progressive movement, from the turn of the century, has attempted to bring about major changes in the nature of public schools. The progressives envisioned public schools as all-purpose social service agencies which would eliminate the ravages of hunger and poverty by providing lunches, social workers, nurses and health clinics. The schools would stay open in the summer and in the evening to accommodate the poor and adults who worked during the day. Specialists would provide education on topics of health, sex, and safety, as well as vocational preparation and training for appropriate careers. These services were denied to students at the turn of the century by a variety of lobbies which moved to block the inclusion of such issues in the regular schools' curriculum (Sedlak & Schlossman, 1985).

Funding for such programs when they did exist was always derived from voluntary contributions, usually by women's groups who often paid entirely for the ventures. However, these services, while denied to most students at the turn of the century, are commonplace in schools today. Despite

the inclusion of many of these services today, they are usually only a peripheral part of high school curricula and are often the first programs dropped during budgetary crises. According to Sedlak and Schlossman, "From the 'progressive' standpoint, the problem may not be that schools have aspired to do too much, but that they have done too little." (1985, p. 383).

Dennis C. Rittenmeyer, in a paper titled "School Reform: Can it Succeed?" (1986), indicates that this shift began with the civil rights movement and can be seen in the landmark Supreme Court decision of Brown v. Board of Education of Topeka, Kansas, (1954). The decision of the Court that the concept of separate but equal is inherently unequal opened the door to vast new responsibilities. The public schools have come to be used as a facilitator of social change in the process of reversing racism, poverty, hunger, as well as treatment for a growing list of health issues. Since this Court decision thirty-seven years ago, schools have begun social programs such as: free breakfast, lunch, and milk programs; classes to counter teenage pregnancy; and programs to counter the effects of drug addiction, alcoholism, and suicide. In providing these programs, schools are being asked to address problems which detract from their primary mission. Society has "... required our schools to become the largest and most comprehensive social service delivery system in the world." (Rittenmeyer, 1986, p. 6). It is accurate to say that these problems affect the ability of schools to do their primary job, but it is inaccurate to imply that it is then the schools' sole responsibility to effect change. Society must change if these problems are eliminated.

The historic departure represented by these school based social programs placed this conservative institution on the cutting edge of change. The public schools have been assigned, and have elected to accept, the responsibility to assist society in this effort to change. This has been accomplished largely by default. Other institutions have failed to effectively impact on the wide range of social ills identified above. Subsequently, the child's ability to learn has been impaired by the intrusion of these societal ills, bringing about the involvement of the schools in an attempt to foster a better learning environment. The cutting edge of social change is clearly an odd place for schools. Nevertheless, as these problems grow, this role for public schools grows. It is difficult to educate in a climate of poverty, disease, mental illness, and hunger. This, then, brings us to a question. How can we foster such change in society while remaining effective in teaching the three R's?

Many authors are writing today about the changes necessary for the education system to survive, improve, recover or recapture past educational accomplishments (Raywid & Tesconi, 1984; Quinn, 1989; Levy, 1989; Hodgkinson, 1989). The public schools, having accepted the task of promoting improvement of the social condition, are often blamed if such

problems as those identified above continue to exist. They have also dealt with a long series of negative reports concerning their ability to discharge their primary responsibility of providing a credible educational experience. Yet there is a degree of conflict, caused in part at least by the demand on resources, between the goals of promoting social change and providing basic education in reading, writing, and arithmetic.

The public schools are not often provided with the resources necessary to confront either of these sets of goals effectively. As stated by Williams, "For too long schools have accepted charges for which they have neither the expertise nor the material resources to accomplish." (1987, p. 27). It is further indicated in the literature that schools can confront some of these social ills, those which impact schools most directly, such as dropouts, but they cannot do it alone. Other community agencies must assist these efforts. Despite the fact that public schools have accepted these tasks by default, Williams (1987) recommends that the schools abandon their historical go-it-alone approach. According to Williams, such an approach is seen as outmoded, costly, and counter-productive given the current interdependent nature of our society.

Current Complications

In addition to the preceding issues which the schools have accepted by default, there are a host of services which must be provided under the special education laws. Most of these services are mandated by the Federal government through law, but are paid for by the local government through state and local taxes, a dwindling source of revenue now often supplemented by lottery or other gambling proceeds. Services such as programs for the integration of the handicapped into mainstream classes, provision of psychiatric and therapeutic services to severely disturbed students, residential treatment facilities to handle the most severe cases, parental and family therapy to assist the family with the process of living with a special needs child, vocational education and life experience training for the severely mentally impaired, are commonly offered by public school systems. As these programs place ever increasing demands on an already burdened budget, the public schools will be forced to look elsewhere for resources, support and partnership in addressing these issues.

Other factors in the growth of the non-educational role for public schools are recent political, social, and economic developments. The Public, becoming increasingly concerned over the disposition of their tax dollar, has begun the process of forcing public school systems across the nation to undergo a series of radical changes in program and personnel. There are new superintendents in two of the nation's largest school systems, Chicago and New York. These leaders are publicizing the need to make changes, move personnel, and update methods, in an effort to "Save Our Schools".

These two systems alone have over 1.3 million students enrolled.

Much of the effort in the past has been spent developing clever acronyms for new "pilot" programs or slogans such as "Save Our Schools" or "Think Children", two favorites in Chicago. It often seems that these politically driven changes are more interested in form than they are in substance. Yet both the Chicago and New York Public School systems have been leaders in the field of education in the past. They were on the cutting edge of theory and practice. For many years, however, these systems and others have rested upon previous achievements while the accomplishments gradually eroded and the schools were left in decay.

In the rush to make changes and stem this decay, many systems are reaching beyond their traditional boundaries in an attempt to discover the root cause of "THE PROBLEM" and "FIX" it. Extended day programs, programs for "latch key" kids (Penning, 1989), individualized family service plans (IFSP's) to delineate social work counseling services to be provided to families (Appel, 1985), even school districts where the schools are opened as residential shelters for abandoned children (Penning, 1989; Quinn, 1989), either have been tried or are being tried across the country. Witness the Houston Independent School System and general superintendent Joan Raymond, who is convinced that school systems must get into residential care to attack the growing homelessness problem. At Raymond's urging, the Houston system opened a "lighted schoolhouse" for children with nowhere else to go (Penning, 1989).

This kind of initiative points up the fact that it is time to take a look at some of the efforts being made in the field today and evaluate these efforts in terms of an identified role for the schools and their personnel. We need to ask if the issue is something which falls into the realm of public school responsibility, or is our response another attempt to formulate a solution to a problem which we either do not understand or cannot resolve with our resources. "Do we as educators take on a task, either by assumption or delegation, that we simply are not equipped to handle because the solution rests in large part with forces over which we have no control?", as Williams asked (1987, p. 22).

We must understand that being driven to address such problems by the void created through societal, political, or economic inaction or pressure, without developing a collaborative or inter-agency approach, is inefficient at best and at worst is counter-productive. The "Back to Basics" movement is usually understood to mean reading, writing and arithmetic. The movement never intended that the basics be food, clothing and shelter.

Collaborative Efforts & Potential Solutions

Since the need to conserve financial resources seems to be a primary reason to collaborate, it seems reasonable to expect that programs which

can help reduce expenditures of scarce resources would be advocated. However, this is often not the case. For example, many researchers have found correlations between dropout rates and prison populations but cannot seem to encourage additional funding or collaborative efforts aimed at preventing dropouts. Hodgkinson (1989) found a direct correlation between head start students and high school graduates and between high school dropouts and prison populations. He reported, "Florida, for example, leads the nation in high school dropouts and in prisoners per 100,000 population, while Minnesota is 50th in dropouts and 49th in prisoners!" (p. 15).

Hodgkinson goes on to compare Head Start youth at 19 years of age with a control group of same age youth in terms of the following 5 factors: Percent Employed (59 to 32), High School graduates (67 to 49), Enrolled in College (38 to 21), Been Arrested (31 to 51), On Welfare (18 to 32). He continues, "In fact, a dollar invested in Head Start saves you \$7 in later services you don't need to provide (like jails)" (p. 16). Yet, despite these data, funding for Head Start programs grows far more slowly than expenditures on prisons.

On a positive note, however, Levy & Copple (1989) found collaborative agreements linking education and social welfare programs exist in some form in most states. Additionally, they looked at the factors which provide the initial impetus for collaboration.

Among the most important are: 1) the need to conserve financial resources; 2) overlapping administrative responsibilities; 3) legal mandates; 4) new resources which are contingent on collaboration; 5) structured opportunities for people to work together; 6) leadership of key officials; and 7) strong interest from the public or the advocacy/professional community in a cross-cutting issue (p. 10).

In view of these data, it would seem that school programs should use a broad range of community services and agencies with whom they can work hand in hand intervening with children at an early age. For example, when a student was experiencing a crisis at home, a local community shelter program was notified and a meeting was held in the school, as a neutral territory. The parents were involved because whatever the decision, it can only be effected with parental approval. Parents must be helped to understand the need for their cooperation. In another situation, a local hospital program provided a psychiatric assessment team which came out to the school, to evaluate an individual in crisis as to their need for psychiatric intervention. Such teams will go to any location where they are welcome. Parents must agree to these evaluations. In fact they must call for the evaluations, and must follow through on the recommendations if there is to be any hope of change. A further example of such cooperation can be illustrated by substance abuse evaluations and treatment available

through hospital out-patient counseling or residential substance abuse programs on a sliding fee basis.

All of these programs will work with the public schools, accepting referrals for evaluation and reporting results back to the school, with parental consent. The parents must be made to understand the vital nature of such programs if their children are to survive the impact of these problems on their lives.

The public schools should work with private therapists, out patient treatment programs, and substance abuse counselors. The schools' own substance abuse program coordinators should be involved in interactions with these agencies and the students and their families. Participation in the schools' substance abuse education awareness programs should forestall the usual disciplinary response to incidents of substance abuse. The schools should offer on-site support groups which can interface with community based programs for students struggling with issues of substance abuse, family conflict, and psychiatric and emotional difficulties.

Given this broad range of social issues needing solution, and the limited resources of all agencies concerned, not just the schools, what then can be done? One attempt to address this issue effectively is the collaborative agreement developed in the city of Norfolk, VA. The group is called the Norfolk Youth Network and it is an inter-agency consortium of community assessment teams. They have constituted an agreement between all of the major social service agencies including the Norfolk Department of Human Services, Norfolk Community Services Board, Norfolk Public Schools, Norfolk Division of Social Services, Norfolk Juvenile Services Bureau, Norfolk Court Service Unit, and the Norfolk Juvenile and Domestic Relations District Court (City of Norfolk, 1989, Interagency Consortium Community Assessment Teams).

The agreement called for the establishment of an oversight council, a consortium, composed of the agency heads or top administrators from each contributing agency. They formatted community assessment teams whose purpose is to review and discuss cases that have contact with more than one youth service agency. Turf issues are largely ignored as each agency offers the service it provides to the development of a comprehensive plan. Six teams of eight members each meet once each month, handling two new cases per team and each team follow up on previous cases to determine if the established program is working.

The formalized process requires that each member agency staff a case in-house before referring it, when indicated, to the community assessment team. Referral forms, consent forms and other documentation must be in place prior to the community assessment team's acceptance of the case. When disputes over responsibility arise, there is an oversight board which resolves them, and a highest authority to whom all agencies have agreed

to defer if no agreement can be reached at lower levels.

In search of similar programs which might be replicated in other public school systems nationwide, the Federal Government sent out requests for proposals to develop pilot programs in 11 different regions across the nation. Those 11 programs have been selected. At the end of a two year period, the 4 best programs will be funded for a further two year period and attempts will be made to replicate them in other public school systems.

The key difference between these programs and the Norfolk, VA model is that the new programs seek to deliver the needed services directly to the students and their families in their homes and do not require the student to access any program or service first. The Norfolk, VA model still requires the student to go to the service provider and is only initiated when a student has had contact with more than one of the service providers. These differences are seen as critical since it is believed that those in greatest need will not use the services available if they must go from agency to agency to secure them or if such multiple agency contact is necessary to generate an inter-agency response.

Theoretical Basis Systems Approach

Given the demonstrated need for school interaction with the community in addressing societal problems, as previously discussed, there needs to be a theoretical framework for examining the school's role and responsibility. This framework should be broad in scope and comprehensible across professions. Its focus should be to address the concerns of school, community and family.

Schools as institutions are an element of the community which provides direct service to families. They function as a separate system within the community. As an element of the community, schools are influenced by the social context of the community. School boards, principals and administrators are residents of the community they serve. They must be responsive to the expressed needs and wants of the community. Community norms, expectations and needs influence course content, the selection of courses and, to some extent, the interactions between teachers and students. Because school and community are so closely intertwined and are interactive on several levels, the concept of the school as a separate system may be lost or the distinction between school and community may be very hazy. The role of the school with regard to social problems must be clarified. A course of action that maintains the integrity of the school and its mission through an interactive effort with community resources must be followed.

The rationale for an interactive, cooperative effort with community agencies in a school district is that the child's environments are comprised of school, family and community (Costin, 1925, p. 136). With an understanding of

the interaction of these environments and the interplay of the dynamics between these environments one can begin to affect the child's total system in a meaningful and beneficial manner. With the expansion of school responsibilities since the late 60's, schools and school personnel are now expected to have at their disposal a broad range of services (Allen-Meaures, Washington, Welsh 1986). It now becomes incumbent on schools to examine the interaction of the environments or systems that impinge on a child's functioning and to address the problem not just with the child, but in the system or combination of systems that are negatively influencing the child's ability to learn.

These goals are achieved or not achieved by the individuals who administer and deliver services in the schools. These same individuals are influenced by their cultural values, norms and beliefs in the promulgation and enactment of the organizational goals of the school. Already we can see the interplay of three different systems within the school—child, teacher, administrator. If these three categories are subsumed under the one system of the school and we expand our view to include the other two major systems affecting the child—community and family—and these systems' categories, we can see how working only with the child's problems which manifest themselves within the school is a narrow and unproductive focus (Levine, Allen-Meaures, & Easton, 1987).

What the literature suggests is that by examining systems theory (Costin, 1975; Turner, 1982) and its application to the complex organization of the school one can assist and provide direction for appropriate delivery of services. The first contribution of systems theory is that one needs to examine and understand the structure and functions of the school in an action frame of reference that is built on four assumptions:

- 1) All human action takes place in situations that include relevant aspects of both the physical and social world; (2) human activities are oriented towards ends, objectives, or goals, or otherwise attempt to adjust to the anticipated status of affairs; (3) human beings expend effort in carrying out their actions and hence demonstrate "motivation"; and (4) human beings conduct themselves in an orderly fashion, thereby indicating "regulation" or the normative orientation of activity." (Allen-Meaures, Washington, Welsh, 1986 p. 45).

The second contribution of systems theory is that the whole is greater than the sum of its parts. In other words, one cannot learn about a system by examining independently each of the parts. For example, one cannot learn about a family by studying each of the family members. An awful lot can be learned about individual family members this way, but it is not illustrative of the connections or interdependence of the members which gives a family its character. A system perspective allows us to examine

the patterned interactions as well as the interdependent relationships between school, pupils, parents, community/society, and government.

Third, systems theory leads to a view of the individual and life in process in relation to a larger environment. The actions of an individual influence his/her immediate environment which in turn affects the system. The interaction of the individual with his environment gives impetus to the organization. There can be no organization without a series of systems that channel processes in the direction of and toward the fulfillment of organizational goals. As an organization and social system, schools consist of input into the system, the processing of the information and a system outcome. Administrative policies and guidelines, procedures and plans, devices and raw materials, techniques and people having a facilitating effect on the carrying out of the processes are the input into the system. The processor is the human-technical component doing the work. The output or outcome are the pupils or institutional changes.

The systems concept emphasizes examining the entire organization or institution as well as the interdependence of the component parts. The system concept also shows that a system has order and organization and that a system maintains itself despite changes. If a system is functioning effectively, part of the system can be affected without affecting the whole.

As a system, the school functions as a whole by virtue of its interdependent parts; and pupils, teachers, administrators, other school personnel, school board members, parents—all whose interests converge within the school—are bound together; each is an integral element of the whole. The interdependence among components ties the system together; which relationship is most important at any given time depends on the particular issue/concern at hand. Allen-Meares et al., 1986 (p. 47).

When we look at a school we see an organization which is comprised of individuals who are person-directed in their efforts, who form subsystems within the overall system to meet the demands of the environment. As such, the school as a system is working to meet both organizational and environmental needs to sustain its existence and meet its goals. Many of the entities which make up the environmental system may be classified as constituencies of the school system. They include professional groups, taxpayers, special interest groups and neighborhoods and communities. This interactive exchange keeps the school from being an isolated and independent system within the community. What is important to understand is that what determines where an organization stops and the environment begins is determined by whether a system is open or closed. (Turner, 1982).

According to Allen-Meares et al. "An open system is a set of elements (1) in mutual interaction, (2) characterized by input and output in energy,

(3) existing in a homeostatic state wherein its input and output will not appreciably affects its form, (4) manifesting an increasing complexity over time, and (5) displaying a high degree of interaction with their environment." (1986, p. 50). An open system has four processes: input, throughput, output, and feedback. As an open system a school is continually receiving and giving information. The information that comes into a school is similar to energy in a physical system. New information coming into the school can be new legislation, new teaching methods, the expressed preferences or expectations of influential groups or parents, or other community factors which affect the school. This information entering the system is system input.

The information received by the school is subjected to its internal processes and the functioning of the school. Curriculum changes, classroom instruction modifications, administrative decisions, conferences, staff discussions of individualized education plans, are all examples of system throughput.

When information has been received and processed through the school it is presented as a product to be consumed by the larger environment. A student graduating and moving on into the community to find employment, pay taxes, and participate in various community groups is an example of system output.

If this same student did not learn sufficient socialization skills to be an employable adult and function in society, then that information will return to the school from the environment and contribute to the direction and/or modification of the school curriculum. This process of feedback is the last link in the informational loop in an open system. The open system receives energy, information and resources from the environment, processes those materials and sends products or services back to the environment. An open system maintains its equilibrium through this dynamic interplay between the environment and itself. If a system is closed and attempts to maintain a level of equilibrium the result is often system stagnation or exhaustion. Schools tend to be selectively open to the environment to pursue innovative ideas. If the environment is changing rapidly, schools as organizations need to make rapid adjustments. If a school is not responsive to the needs and expectations of the community, the system becomes dysfunctional and it suffers the loss of community support.

Schools cannot cut off the flow of information from the community into their system, but they can influence the processing of that information and the response to that information. Schools possess the credentials, position and ability to absorb the needs and expectations of the community and direct their responses in a manner that does not leave the school with the responsibility, real or perceived, for curing all of the societal problems that manifest themselves in the schools. As a system defines itself, it sets limits or boundaries on its expertise, abilities, and function. The expectation

of every generation that the school will provide the cure for all societal problems is an attempt to mesh the school with the community. The community has perceived the school as a system unto itself and has demanded that the school provide the organizing force to manage societal problems. Schools, as systems, need to define again their areas of expertise and their function.

If communities and schools lose sight of their boundaries, it is a logical corollary that the school should be the arena wherein society's problems are solved. However, if there is a separateness, and each environment has boundaries, structures, and a maintenance system, then problems can be redirected to the appropriate system. As information is conceptualized, gathered, and organized about and from the various institutions and systems in which the child functions (school, family, and community), the interactions between the person and those institutions can be examined. This examination of the interactions fosters the identification and consideration of all the systems contributing to the problem or situation. This also leads to the realization that an intervention may need to take place in more than one system (Alderson, 1969).

More specifically, if schools accept the responsibility to solve all of the problems presented by students and their families, the school is moving beyond its area of expertise and functioning as a social service agency. We are proposing that by liaising with the community agencies a broader range of appropriate services for students can be secured. Whereas, by examining the interaction of the student with the school, the family, and the community a determination can be made of the appropriate service and the appropriate service provider. The alternative is a myopic vision and expectation that the school, as a single system within the community, can solve societal problems. The school needs to be considered one resource among many.

Schools can and should address those issues which occur within their purview through social work services, parent programs, teacher instruction and direction and classroom curricula. When schools attempt to provide programs for substance abuse, family therapy, medical issues, housing for runaways or the homeless, etc., they are diluting their mission and purpose. If, though, the school can examine the issue presented by a student and determine from which system that issue arises, the school can direct the student or family to the appropriate service, help locate that service or act as a liaison for the service. If no appropriate service exists, the school, through its personnel, may need to help the community organize and secure the needed services. For example, one school identified that a number of children who lived in a multi-family dwelling in the inner city were not turning in their homework. Further exploration of the home situations revealed that the apartments were small and there was no area for quiet

study. A meeting with the manager of the dwelling and concerned families led to the use of the community room as a quiet study place between the hours of six and eight. Volunteers were found for some nights of the week and the teachers agreed to assign work on those evenings.

In this example the school provided the impetus to gather appropriate information, organized the appropriate parties in the community and helped to ensure that the needs of all parties were met. Through the identification of a problem, the school had worked with the community to resolve the issue without taking on the responsibility for the solution. This course of action meets the school need and empowers the parents and other community groups to utilize their own abilities and resources in managing the problem.

In another situation, a student was chronically truant from school. Telephone calls, parent meetings, and home visits with the student failed to effect any change in the student's attendance. Since the usual remedies were not effective, other resources needed to be utilized. The district truant officer was notified and the family was personally contacted by the truant officer. When only sporadic improvement in attendance was seen from the student, the local juvenile police officer and the district truant officer paid a home visit. During that visit, the student complained of relationship problems in the home with the father. A community agency which provides temporary shelter for adolescents who are experiencing problems in the home was contacted. Through the interventions of a worker from that agency the family began talking with one another and addressing family rules and guidelines. While temporary placement was not provided for the student, effecting a family meeting, establishing parameters for family discussions and improved attendance did occur. By involving community agencies who could employ their resources in the family home, the school assisted in the change process without being the direct service provider.

Every year schools, even specialized programs, will find themselves confronting new issues. This dynamic occurs because the individual needs of students change from year to year or there is a shift in the type of problems which students in the programs exhibit. Meeting those students needs requires an adaptability on the schools' part, but also the capacity to search out and engage the appropriate resources in the community.

What we have presented is a design that is not static in nature but changes with the perceived needs of the students we serve. After briefly reviewing the history of social services offered in or by schools in this country since the turn of the century, we examined the processes by which these services have been developed and offered. We have looked quite critically at the role of the educational institution in the delivery of these services in an attempt to understand what it is and what it should be. Further, we examined recent decisions by public school systems across the country and the processes through which public schools have tried to reconcile their perceived role

with the demands of society. Given the changing role of the public school based on community decisions as to what they wanted or expected from their public school systems, we have tried to offer a basic understanding of the systems at play in these issues: students, teachers, administration, parents, community, township, county, state and federal governmental agencies.

We come away with one overriding concern regarding these issues-collaboration between social service agencies for the purpose of service delivery to the public is non-existent, by and large, in this country. If the needed services are to be provided and the societal issues discussed are to be effectively addressed, then public agencies must begin to share both their concerns and their resources. The process of securing, engaging and utilizing the resources of the community on behalf of our students is imperative for the welfare of the students, ourselves and the community.

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Interagency Collaboration:

A Working Model and a Case Study

The Norfolk Youth Network

Leslie B. Arnold, Lynn Moore, and Kevin Moran

Norfolk is a city with a youth population experiencing significant emotional and behavioral problems caused by family upheaval, poverty, and a rapidly escalating drug culture. It is a large, diverse community with a disproportionate number of children and families with multiple and special needs. Conditions, unique to Norfolk, exacerbate already serious problems existing throughout society today. A large, transient military population in which one parent is often deployed for long periods of time presents unusual problems. A poverty stricken inner city population, whose families are mostly headed by a single parent, places huge demands on local human service resources. The proliferation of crack cocaine and other illegal drug activity among the youth population causes a marked increase in serious and violent juvenile crime. In view of these, and the extent of family dysfunction in the general population, it is not surprising that Norfolk has such a sizeable number of children either at risk for or experiencing significant emotional and/or behavioral problems.

Two developments in 1988 created a climate for change. The City Manager's Office contracted with the Virginia Treatment Center for Children to provide consultation and technical assistance in designing a community-based system of care for severely emotionally disturbed children and adolescents. A working group of agency administrators was formed to work on this project. The group met on a regular schedule for nearly a year and identified the need to develop a collaborative approach to services for youth that would be coordinated and continuous at both the policy and service levels. At approximately the same time, the Court Service Unit organized an interdisciplinary team which met monthly to discuss difficult cases, most of which were pending before the Juvenile Court. This model was successful in that agency representatives attended and participated; however, it was simply inadequate to manage the volume of cases needing review. Meeting monthly, this Team could dedicate only a short time to these most serious cases. Consequently, its work usually was crisis-oriented and there was very little opportunity for follow-up attention. The need for a system that would allow sufficient time to examine each case initially and then monitor

it for however long necessary was painfully obvious.

The size of Norfolk's multi-problem youth population clamored for this comprehensive interagency system. The 1989 study by the Commonwealth Institute for Child and Family Studies of the Virginia Treatment Center for Children ("Development of a Comprehensive Child Mental Health Service Delivery System for the City of Norfolk") estimated that there were 4,650 youngsters living in Norfolk with severe emotional disorders. The "High Risk Indicator" published in 1989 by the Division of Youth Services reflected that the city's at risk population far exceeded that number. Utilizing FY87 statistical information, the report revealed that Norfolk was second in the state for the number of youth living in poverty, second also for the number of adolescent pregnancies, first for reading failures and fourth for school dropouts and founded child abuse complaints. The same report showed that Norfolk filed the third highest number of delinquent and child in need of services petitions, despite significant diversion statistics.

Like most communities in Virginia, Norfolk had a poor history of interagency collaboration within its human service delivery system. Agencies set goals, developed policies, and implemented programs and services with little or no communication existed on both an administrative and direct service level. Clients were penalized because there was no integrated system; they were bounced from one agency to another in an inefficient and ineffective manner.

It was foolhardy to expect that any one agency could respond to such a broad range of problems. Since there was no coordination of services between the multiple agencies working simultaneously with the same client, local resources were not maximized. Out-of-home and out-of area placements that were sometime more restrictive and expensive that needed were disproportionately utilized. Placements in learning centers, state psychiatric facilities, and residential treatment centers could have been greatly reduced if there had been a coordinated system of case planning and service delivery.

The Norfolk Youth Network

With the climate right for interagency collaboration, another interagency working group was formed to investigate and recommend an interagency structure that would facilitate comprehensive policy-making, case assessment, and service delivery. This effort had the full support of the Juvenile Court Judges, the City Manager's Office, and each agency's chief executive. In June 1989, after eight months of study, the working group proposed the development of the Norfolk Youth Network. The concept was adopted by all agency heads who also pledged to support it with staff time and resources.

The Norfolk Youth Network was founded with a philosophy and mission. Recognizing that there were a significant number of troubled youth in need of services and supervision coming to the attention of all youth-serving agencies in Norfolk, that no one agency could adequately serve all of the needs of these youth, and that to operation and coordination among all agencies involved in planning for and treating troubled youth was crucial to successful outcome, a broad-based interagency consortium was established to facilitate the provision of services to youth. The Norfolk Youth Network consists of six agencies: Public Schools, Public Health, Social Services, Community Services Board, Juvenile Services Bureau, and Court Services. It is made up of two levels: the Norfolk Interagency Consortium (NIC), and eight Community Assessment Team (CATs). The overriding mission of this consortium is to facilitate the treatment of youth and their family in an effective, coordinated manner, maximizing the resources available from each agency through team assessment, team planning, and team implementation of those plans.

The goals of the Norfolk Youth Network were established. They included:

- 1) To preserve the family and prevent unnecessary out-of-the home placement for at-risk children;
- 2) To link the child and family with appropriate resources and services in the community;
- 3) To create an on-going comprehensive community system of care; and
- 4) To strengthen the family and enhance the self-esteem and integrity of all family members, so that the family can function effectively in the community.

NIC, which meets twice per month, include two top level administrators from each of the Network agencies. Its purpose is to address policies and concerns of mutual interest to Network agencies, to develop interagency programs, to oversee and resolve matters referred by the CATs, and to review and approve applications to the State Interagency Consortium. The chair of NIC rotates each quarter to coincide with Agency Chairmanship of the CATs.

The eight CATs consist of professionals from the member agencies. Each of the teams has a representative from every Network agency, plus an additional member who is a substance abuse professional. Recognizing the need for knowledgeable and competent representation, agencies have made the CATs a priority by assigning the responsibility to supervisory and masters level staff. The purpose of the CATs is to formulate case plans, assign agency responsibility for services, and ongoing monitoring of each case for further treatment and services needs.

There are eight teams with not more than eight members on each team.

Each team meets once per month. Two cases are staffed at each meeting, plus follow-up of previous cases are reviewed. The teams meet from 1:00 to 4:00 p.m. in a location determined by the NIC. The first hour of each meeting is reserved for necessary follow-up on cases staffed during previous meetings. An hour is reserved to staff each of the two new cases. Generally, the referring agency's presentation is limited to twenty minutes, the discussion is limited to twenty minutes, and the formulation of recommendations is limited to twenty minutes.

Procedures require that a multidisciplinary panel with each agency review each case prior to a referral to a CAT. This ensures that only the most complex and difficult cases are referred. The staffing must address presenting problems, availability of resources or lack thereof, and what has been done to alleviate the problem. The in-house referral must be completed and given to the Coordinator to schedule the case for a CAT. After the case is scheduled, the Coordinator notifies the referring agency of the date and time of the CAT meeting. The referring agency is the case manager, unless otherwise designated at the CAT meeting.

Two days of training involving all Consortium and Assessment Team members and alternates was conducted in September 1989, and the full Network became operational on October 1, 1989. During the initial year, the entire Youth Network (NIC and CATs) met quarterly for interagency training designed to reinforce interagency and team concept. The large gatherings gave the Network an identity and participants developed pride in being part of such an exciting venture.

During the first nine months of operation, the Norfolk Public Schools donated a half-time position to serve in the capacity of Coordinator. This proved to be a critical contribution as the management and coordination of functions of such a system are extremely important. NIC submitted a grant application to the Department of Criminal Justice Services for a full time Coordinator position, which was funded, effective August 1, 1990.

A Case Example

During its first twelve months of operation, the CATs reviewed 90 new cases and 187 follow-up cases. One of those cases involved a sixteen year-old black male (Mac) who was committed to the Department of Corrections. Mac was diagnosed with educable mental retardation and emotional disturbance, and was served by special education. He had been placed in a residential school and in a state psychiatric facility for the two years prior to his placement with the Department of Corrections, and was in the custody of the Department of Social Services because his immediate family was unable to offer an appropriate environment.

Mac was referred to the CAT by a former teacher who had remained in

contact with him and the learning center. Mac had completed the program and was ready to return to the community. His social worker was unsuccessful in securing a placement for him in the community, and therefore Mac had remained in the learning center longer than other young men committed for more serious offenses. Because of Mac's learning and behavioral difficulties, the doors to existing traditional foster care, specialized foster care, and local residential options were closed.

The CAT assigned to Mac's case met four times before developing an innovative plan for returning Mac to the community. A group home operated by the Juvenile Services Bureau would be willing to accept Mac if one-to-one supervision could be arranged to provide assistance while Mac was present in the group home.

Mac primarily presented significant behavioral difficulties while in groups of peers. Norfolk Public Schools agreed to provide a special placement for Mac in a program for students with mental retardation and behavioral problems, the Department of Social Services maintained custody and agreed to provide Aftercare supervision, and the Community Services Board—Mental Retardation Services provided case management services.

The CAT decided to apply to the State Consortium on Mental Health for a grant to hire local university students in the fields of special education, social work, and juvenile court services to provide supervision, transportation, recreational and social skills instruction, and transition services to Mac. These students received an hourly wage and were monitored by the Juvenile Services Bureau at the group home. The grant was monitored and dispersed by Norfolk Public Schools. This was a real interagency effort to return a child to the community and provide whatever was necessary to promote a successful placement in the least restrictive environment.

Mac returned to Norfolk in August 1990, supported by a team of three special education students from Norfolk State University, the group home staff, a representative from Norfolk Public Schools, his social worker, and the CAT. Mac was served in the group home environment, with this support network, for three months.

The CAT did not discontinue Mac's case even though the presenting problem appeared to be resolved. Mac was physically in the community, but was in need of the interagency services. The CAT met with a specialized foster care agency that had previously declined to serve Mac. A special CAT meeting was held with the agency. The support network created for Mac was presented to the agency, and with this assistance Mac was accepted. A door for services that had previously been closed to this child (and possibly others) had now been opened.

In October 1990, the home of Mac's aunt became a possible specialized foster care setting. In November 1990, she was approved as his foster parent

with continued services. Support included services from the Juvenile Services Bureau (home-based group home program with emergency respite services), from Norfolk Public Schools (Department of Special Educational Services), from the Department of Social Services (custody, specialized foster care services, and Aftercare Supervision), and the students funded by the State Consortium on Mental Health. At the tenth follow-up meeting new Home Based Services, operated by the Community Service Board—Mental Health Services, were recommended to assist Mac's aunts with his behavioral difficulties in the home. As of 12/1/90, Mac has been maintained in the community for four months.

Conclusion

The Virginia Department of Planning and Budget completed a "Study of Children's Residential Services" (1990). The results showed that during 1988, \$93.6 million was spent for providing residential services to 4, 993 children with emotional and behavioral problems. This amount grew by 12% in 1989 to approximately \$104.5 million. The number of children did not increase. The cost of the grant to provide the services proven necessary to maintain Mac in the community was approximately \$17,000 for a year. The cost of residential services would be significantly higher, not only in monetary terms, but also in the quality of life for Mac in such a restrictive environment. His case has proven to be a success in the effort for collaboration shown by the agencies responsible for serving the youth of Norfolk, Virginia.

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An Eco-behavioral Observational Strategy for Clinical and Transition Program Assessment ¹

Jo M. Hendrickson

Adolescents and preadolescents with emotional or behavioral disorders (EBD)(Forness & Knitzer, 1990) display academic and social behaviors which may vary significantly as a function of the instructional setting, curriculum content, teaching methods, and response mode(s) required of the student. Protagonists for ecologically-oriented approaches to the assessment of students with behavioral disorders abound (Muscott, 1976; Prieto & Rutherford, 1976; see The Pointer, Vol. 31, 1987), yet to date few assessment/observational systems which enable one to tap the co-occurrence of specific ecological and behavioral variables during classroom activities are available or commonly used. In spite of this seeming paradox, educators continue to endorse identification of ecological factors (see The Pointer, Vol. 31, 1987) arguing that ecologically-based assessment and intervention hold much promise for improving prereferral practices, instruction of students with handicaps, and in particular the reintegration and declassification of EBD students (Gable, et al., 1987).

Within an ecological perspective, emotional disturbance is viewed as an outcome of the interface between environmental variables and the student (Lewis, 1967). Historically, ecological models of disturbed and disturbing behavior have helped to create an awareness that factors within one ecosystem may affect behavior across ecosystems (e.g., Hobbs, 1966), by taking into account systems such as the family, the neighborhood, and the community. The potential to assess and affect broadly defined, molar level ecosystems, however, is well beyond the range of influence of most classroom teachers. On the other hand, since ecological analyses occur in natural settings and aim to uncover specific discordant behavior-environment relationships, assessment of more narrowly defined ecosystems may be especially efficacious when applied to students whose behavior is aversive across ecosystems. This emphasis on natural environments which is central to an ecological approach is very appealing to practitioners and provides a real-world test of assessment utility and intervention robustness not possible in highly controlled laboratory investigations. As Braaten (1985) points out, behaviors of BD adolescent often are distressing. Their behaviors,

¹The author wishes to thank Karen Sealander and Karen Sroka for their contribution to the development and application of the observation system reported.

in the context of different ecosystems, often lead to negative reactions in teachers, parents, and peers. Finally, assessment procedures for identifying the factors associated with positive as well as negative interactions are important if we are to capitalize upon the basic tenants of the ecological perspective.

In recent years teacher educators and researchers using applied behavior analytic approaches to examine the effects of intervention strategies on children and youth with disabilities have voiced dissatisfaction with direct observations systems which yield monadic or static data (e.g., Rogers-Warren, 1984; Shores, 1987). Recognition of the reciprocal nature of behavior permeates the literature and constitutes a cornerstone of behavioral research which has contributed significantly to the understanding of students with social behavior excesses/deficits (e.g., McConnell, 1987; Strain & Shores, 1977; Tremblay, et al., 1981). There is growing consensus that the basic behavioral paradigm of stimulus (s) - response (r) - consequence (c) represents a microlevel of analysis of functional relationships perhaps more suitable to the laboratory than natural environments. Indeed, behavioral researchers themselves have expanded upon the s-r-c paradigm by calling for and investigating the power of setting events (see Wahler & Fox, 1981), the phenomenon of reciprocity (Patterson, 1982; Strain & Shores, 1977), co-variation of behaviors (e.g., Sasso, Melloy, & Kavale, 1990; Wahler, 1975), and the issues of behavior maintenance, generalization, and application (e.g., McConnell, 1987; McEvoy, & Odom, 1987; Smith, 1989). Indeed, the very points for which applied behavior analysis has been criticized may prove to be a strength relative to the ecological perspective of EBD.

The Eco-behavioral Perspective

The eco-behavioral perspective represents a joining of the ecological and behavioral in a manner that portends to hold greater utility than either the behavioral or ecological model alone. Hobbs (1975) points out that the objective is not merely to change or improve the child, but to make the total system work. Certainly, our objective in working with students with emotional or behavioral disorders is to make the student's ecosystems "work". To do so, we must identify with specificity when and where a system has broken down (i.e., is out of sync). Within an eco-behavioral approach, therefore, the "problem" is defined as one of fit between the behavior and the environment (i.e., both the social and physical milieu) and efforts to resolve the "problem" include gathering data to better understand the nature of the mismatch. By approaching classroom assessment from an eco-behavioral point of view, the potential for establishing a goodness-of-fit between pupil-specific capabilities and environmental demands is enhanced (Gable, Hendrickson & Rutherford, in press).

The Classroom as an Eco-System

"Environment" and "ecological system" often are used interchangeably by ecologists; they may be defined in broad terms (e.g., Hobbs, 1966) or quite narrowly. Swap, Prieto, and Harth (1982) suggest that the narrowest definition of an ecosystem is "a child in a single behavior setting" (p. 73) which includes a physical milieu, a program of activities, inhabitants, and a location in time and space. With the adolescent in the role of student, we as educators may focus on three levels of ecosystems within our domain: a) the school; b) general locations at school (e.g., the lunchroom, a classroom, the playground); and c) specific learning contexts within classrooms.

Objective

In the present report, specific teaching/learning contexts within the classroom comprise the ecosystems of interest. By restricting observation and assessment to the contexts over which the teacher has greatest control, it is hypothesized that the teacher will become more effective with regard to identifying when, where, and how to intervene. As Rogers-Warren (1984) postulated, one of the main reasons eco-behavioral analyses have not been fruitful experimentally pertains to a lack of consensus regarding the unit of analysis within the eco-behavioral perspective. In fact Rogers-Warren contends that broadly defined eco-behavioral assessment approaches have contributed little to our understanding of functional environment-behavior relationships. Based on this argument, the present observation system was developed to identify relatively narrowly defined behaviors within curricular activities/subject areas and instructional arrangements common to secondary classrooms.

The immediate purposes for developing the following eco-behavioral observation system were three-fold: 1) to construct a mechanism for assessing student change (i.e., program effectiveness) on a pre-posttest basis in a clinic setting, 2) to provide practicum students and interns with objective feedback on their teaching and help them identify possible mismatches between classroom ecosystems and students, and 3) to allow consulting teachers to assess and compare classroom environments in the school to which the student is returning and the classroom from which he is leaving. An observational system with sufficient specificity to facilitate communication and foster the formulation of hypotheses regarding instructional contexts in which the student is likely to succeed and those which are likely to be troublesome was needed.

The observation system to be described was designed for use in the University of Florida Multidisciplinary Diagnostic and Training Program (MDTP) diagnostic classroom. The MDTP offers school districts in northcentral Florida free multidisciplinary assessments of students with complex medical, learning, and behavioral difficulties. Approximately $\frac{1}{3}$ of the students who

receive the two day multidisciplinary evaluation is subsequently becomes enrolled in a six-week full day MDTP diagnostic classroom.

The purpose of MDTP diagnostic classroom is to assess systematically materials and strategies and identify those which are most effective with individual students, provide preservice and inservice training to teachers, and assist parents and teachers from the student's home school to make accommodations that increase the probability that the student will succeed when he or she returns to the regular school.

Eco-behavioral Assessment in the Classroom

Greenwood and Carta (1987) report that information obtained from eco-behavioral assessments in the classroom can lead to instructional modifications that quickly enhance student academic responding during daily lessons. By accessing data on the interaction of events (i.e., student-instruction fit) on a moment by moment basis, the teacher is better equipped to predict which features of instruction, if modified, would lead to improved academic performance. The same contention is supported in relation to analyzing social behavior. An eco-behavioral system which yields data on the social responding of students during instruction will assist the teacher in identifying aspects of instruction which set the occasion for aggressive, disruptive, or other inappropriate behavior.

Description of the Observation System

A specially constructed observation system was designed to enable collection of data on the interaction of two ecological variables—(1) the instructional activity/subject area (e.g., math, science, social skills/affective training) and (2) the type of instructional materials/tasks (e.g., teacher-pupil discussion, media or technology usage), and two behavior variables—(1) appropriate or academic response type (e.g., ask or answer questions, write, silent read) and (2) inappropriate behaviors or negative deportment (e.g., aggression, noncompliance, and so on). The observation form is constructed so that the interaction of ecological variables and student behavior is readily apparent upon visual inspection (i.e., by location and density of slash marks). The interaction effects are even more salient when frequencies of interactions are converted to percentage. As can be seen in Figure 1 instructional activity or subject area is entered at the top of the observation form below the student's name. Ten categories of instructional materials and tasks are listed on the left side of the form. These categories include: paper-pencil, listen-lecture, teacher-pupil discussion, manipulatives, instructional games, worksheets or workbooks, readers or textual materials, student-student, media or technology, and transition contexts. Eight categories of academic responses (e.g., academic talk, answer questions, ask questions, attention, task participation, read aloud, read silent, and write) and five categories of inappropriate behavior

(e.g., aggressive or disruptive, off task, out of seat, noncompliance, and talk outs) are listed across the top of the observation sheet. Table 1 contains definitions of these categories. The categories and their definitions draw heavily upon the work of Greenwood and Carta (1987), but some categories are adjusted and new ones created to more closely match the instructional contexts of the MDTP diagnostic classroom and school settings to which the students returned. The present observation system, unlike that of Greenwood and Carta (1987), affords assessment of academic performance and deportment during the same observation. Thus, the need for separate observations and separate observation systems is eliminated in most cases. The system is further refined to include a qualitative component.

Table 1
Definitions of Ecological and Behavioral Categories

Instructional Area	Definition
Ecological Category 2: Instructional Materials/Tasks	
Handwriting	Activities devoted to learning or practicing print or cursive.
Language (Written)	Activities devoted to learning or practicing written expression including creative writing, grammar exercises, and writing related to various writing styles (e.g., a simple narrative story).
Language (Oral)	Activities devoted to learning or practicing verbal expression (e.g., an oral book report, oral poetry reading to the class).
Mathematics	Activities devoted to learning or practicing skills associated with math (e.g., number sequencing, applied use of money, quantitative reasoning).
Prevocational	Activities related to learning work or job-related skills (e.g., identification of steps in a job search, career awareness activities).
Reading	Activities devoted to decoding and comprehending written language presented in texts or any other way.

Table 1 (Cont.)

Definitions of Ecological and Behavioral Categories

Instructional Area	Definition
Rule Discussion	Activities devoted to discussion of rules, responsibilities, and accomplishments as well as goal
Evaluation	achievement and goal setting.
Science	Activities devoted to topics such as health, biology, space, weather, geography, and geology.
Social Skills/Affective Training	Structured activities devoted to developing and appropriately displaying various social and affective behaviors.
Social Studies	Activities devoted to topics such as cultures, countries, history, and people's roles, values, and living circumstances.
Spelling	Activities devoted to learning or practicing correct spelling of words in or out of the context of written language.
Ecological Category 2: Instructional Materials/Tasks	
Paper-Pencil	Task requires the use of paper and pencils, including pens, markers, and other writing tools as well as various kinds and sizes of paper.
Listen-Lecture	Task requires the student to listen/watch as the teacher makes a verbal presentation or nonverbal demonstration.
Teacher-Pupil Discussion	Task involves verbal dialogue between the teacher and student, typically on a one to one basis.
Manipulatives	Task involves the physical manipulation of materials such as concrete objects to demonstrate a math concept or materials to construct a science project.
Instructional Games	Task involves independent or group involvement in board games, mind challenges, and other activities in which fun and/or winning are key features.

Table 1 (Cont.)

Definitions of Ecological and Behavioral Categories

Instructional Area	Definition
Worksheets Workbooks	Tasks which involve reading or writing responses in bound exercise books, on pages from duplicating master worksheets, programmed workbooks, and so on.
Readers Texts	Tasks involving the use of basals, assigned texts, library books, or other bound reading material.
Student- Student	Tasks which involve pupil to pupil interaction in circumstances with prespecified rules (e.g., tutoring, cooperative learning) and teacher approved student dialogues (e.g., permission to discuss a question).
Media Technology	Tasks which require use of audio, video, and computer equipment; tasks involving electronic media (e.g., overhead projector).
Transition	Tasks in which the student is engaged in behaviors aimed at terminating an on-going activity (e.g. putting materials away) and beginning another.
Other	Any academic task which is not defined above.
Behavior Category 1: Academic Responses	
Academic Talk	Student verbalizations related to the subject or activity area.
Answer Questions	Student responses (in any modality) to question related to subject being taught.
Ask Questions	Student poses a question related to subject, task, or materials being used.
Attention	Student listens and observes on-going instruction or instruction-related activities (e.g. watches while a peer demonstrates or participates in some way).
Task Participation	Student is involved motorically or verbally in the task or learning activity (e.g., manipulating pieces of a game board; responding to a cue from the teacher, a peer, material, or equipment by assisting another).

Table 1 (Cont.)

Definitions of Ecological and Behavioral Categories

Instructional Area	Definition
Read Aloud	Student looks at printed words and decodes them aloud so others can hear.
Read Silent	Student looks at printed material and eye and/or mouth movements are indicative of reading.
Write	The student marks, prints, or uses cursive in relation to the instructional activity. Typically this will involve the student holding writing tool between the thumb and forefinger and moving it to produce letters/words, chart data, draw, and so on.
Other	Student engaged in any appropriate responses which are consistent with expectations of the activity.
Behavior Category 2: Deportment/Social Behavior	
Aggressive Disruptive	The student is using verbal or physical behavior which may cause harm to person or property or that is commonly acknowledged as unacceptable for school such as threatening to do harm, intentional kicking and hitting with or without an object, biting, hair-pulling.
Off Task	The student is looking away from the instructional activity or starting blankly at the material or individuals involved in the activity with no evidence of attending (e.g., eyes moving with the action, changes in facial expression to match activity).
Out of Seat	The student is positioned so his/her buttock has no contact with the seat of the desk or the student is moving/has moved from an assigned space (e.g., a place in line) without permission.
Noncompliance	The student does not respond appropriately or at all to a request/direction from the teacher (or other authority figure) within 5 seconds.
Talk Out	The student vocalizes or verbalizes without permission.
Other Inappropriate	Any other behavior deemed inappropriate or unacceptable which is not described above.

ECO-BEHAVIOR INTERACTIONS

Student _____ Date _____ Teacher _____ Pre _____ Post _____
 Instructional Activity _____ N of Students _____ Start Time _____ End Time _____ TOT _____

Materials Tasks	Academic Responses										Inappropriate Behavior							Total Inappro	Grand Total	Rel	O ₁ _____ O ₂ _____
	Academic Task	Answer Questions	Ask Questions	Attention	Task Participation	Read Aloud	Read Silent	Write	Other Appro	Total	Aggressive Disruptive	Off Task	Out of Seat	Non Compliance	Talk Out	Other Inappro					
Paper Pencil																					
Listen- Lecture																					
Teacher-Pupil Discussion																					
Manipulatives																					
Instructional Games																					
Worksheets Workbook																					
Readers Texts																					
Student- Student																					
Media Technology																					
Transition																					
Other																					
TOTAL																					
Rel																					

Figure 1. Eco-behavioral interaction observation form.

Qualitative assessment

Academic responses are judged to fall in one of two categories—excellent or acceptable. If the response is perceived to be of excellent quality, a single slash mark is placed in the appropriate cell (see Recording Method). An excellent response does not refer to the correctness of the response, but to co-varying behaviors emitted by the student. For example, if a student is writing quietly with his attention focused on his paper, sitting still in his seat, and exhibiting few if any unproductive behaviors (e.g., banging his other hand on the side of his desk), the academic response is considered to be of excellent quality. On the other hand, a circle is made around the slash mark, /, to indicate acceptable, but not high quality, performance. An acceptable academic response, for example, is when the student exhibits an academic response (e.g., answers a teacher question) but the response is accompanied with distracting or somewhat undesirable behaviors (e.g., Stanley is answers the question but his foot is on the seat of his desk, and he is bouncing gently up and down on it).

If the instructional activity/subject area changes during an observation, the observer begins with a new observation sheet. Observations of less than 10 minutes are not used.

Recording Method

A momentary time sampling procedure is employed. Both 10 and 15 second time sampling procedures have been tried at the MDTP; the 15-sec. system was employed occasionally when coaching practicum students with little or no prior experience collecting direct observation data (see Applications). Every 10 (or 15) second as indicated by the sweep of the second hand on a clock or a beep on a prerecorded audio tape, the observer looks at the target student and identifies both the materials/tasks with which the student is engaged and the type of behavior s/he is displaying (e.g., appropriate academic or inappropriate deportment). A tally mark is then placed in the cell that represents the observed interaction (e.g., student-student x attention or, conversely, student-student x talk out). That is, as the observer places a slash mark in the cell, that mark, represents the occurrence of simultaneous events—a specific instructional task and a type of student behavior. For every 10 minute observation using a 10 second time sampling procedure there are 60 interactions. Overall percentage scores on any given interaction are based on using 60 as the denominator.

Observer Training and Interobserver Agreement

Before installing any direct observational system to collect data for evaluating ecosystems, child progress, or program effectiveness it is mandatory that observers be trained to proficiency in using the system. Mastery of definitions can be achieved independently, but correct recording of events

can only be accomplished through the use of simulations, criterion video tapes, and/or in vivo training. In the diagnostic classroom in vivo training was carried out by MDTP teachers and staff who later worked with the practicum students. There are various strategies for establishing and maintaining interobserver agreement, carrying out interobserver reliability checks, and calculating interobserver agreement (see Greenwood & Carta, 1987); these are not discussed herein. Suffice to say that these aspects of data collection are critical to gathering valid, believable data. The reader is referred to Sulzer-Azaroff and Mayer (1991) for a detailed discussion of interobserver agreement.

Analyzing the Data

Figure 2 contains an example of a 10-min. observation of a student named Martin during a science lesson. As can be seen, Martin was working in a group with eight other students. Ms. Lorren was the teacher, and observation of this lesson began at 9:45 and ended at 10:55. These data represent a pretest observation as indicated by the check mark next to "Pre" (see Applications). Observer 1, C.B., collected the data. Examination of the matrix of eco-behavioral interactions reveals contexts in which Martin is relatively successful and situations where his academic response rate deteriorates and inappropriate behavior accelerates. For instance, it is easy to see that Martin's behavior was positive and acceptable during the use of manipulatives (i.e., 100% acceptable or excellent academic responding); he was less successful during the listen-lecture component of instruction (i.e., 83% acceptable or excellent responding and 17% inappropriate); and, least appropriate during the workbook activity where he was off task or talking out 64% of the time and had a smaller percentage of excellent quality academic responses that he did in the other two contexts.

Figure 3 presents a portion of Martin's pre-posttest data on a behavior summary chart. By aggregating Martin's data across several small group instructional contexts, one is able to gain an overview of the type and quality of responses he made in these situations on a pre-posttest basis as well as the amount and direction of change. Martin's overall appropriate academic responding during group lesson increased from 77.7% to 92.7%, an increase of 15%. This summary chart also reveals that read aloud was not a response observed, while attention, task participation, and writing appeared to be the most frequently expected student responses.

At the MDTP diagnostic classroom pretest data included a minimum of three 10 minute observations, each on a different day. Typically pretest data were collected during the first 7 to 10 days of enrollment and posttest data were collected during the final 7 to 10 days the student was in the program. Criteria different from these may be established on the number of data days to be used for the purpose of overall program evaluation. While data may be collected on a pre-posttest basis only, it is preferable to use the system for regular monitoring so the data also can guide instructional decision-making.

ECO - BEHAVIOR INTERACTIONS

Student Martin D Date: 9/18 Teacher: Ms. Corren Pre ☒ Post ☐
 Instructional Activity Science (Space) N of Students: 9 Start Time: 9:45 End Time: 9:55 TOT 10 min.

Materials Tasks	Academic Responses										Inappropriate Behavior							Total Inaprop	Grand Total	O ₁ O ₂ Rel
	Academic Task	Answer Questions	Ask Questions	Attention	Task Participation	Read Aloud	Read Silent	Write	Other Appro	Total	Aggressive Disruptive	Off Task	Out of Seat	Non- Compliance	Task Out	Other Inaprop				
Paper Pencil																				
Listen Lecture		I	10	100 100						15/18 83%	11				I			3/18 17%		
Teacher-Pupil Discussion																				
Manipulatives		0/1	11		100 100					20/20 100%								0%		
Instructional Games																				
Worksheets Workbook							0000 0	1000 100		14/22 64%	I	100			11			8/22 36%		
Readers Texts																				
Student- Student																				
Media Technology																				
Transition																				
Other																				
TOTAL		3/60 5%	4/60 7%	12/60 20%	16/60 27%		4/60 7%	10/60 17%		58/3%	1/60 2%	7/60 12%			3/60 5%			58/19%		
Rel																				

Figure 2. Sample of a completed eco-behavioral interaction observation form.

Behavior Summary Chart

Student: Martin, D. Dates: 9/18 - 11/25

Program: Diagnostic Classroom Activity: Science/Social Studies/
(Group Instruction)

Pretest		Posttest	
Overall Approp.	<u>77.7%</u>	Overall Approp.	<u>92.7%</u>
Overall Inapp.	<u>N=12</u>	Overall Inapp.	<u>N=4</u>
		% Change	<u>15</u>
		% Change	<u>13</u>

Academic Response	Pretest			Posttest		
	Excel N%	Accept. N%	Behavior	Excel N%	Accept. N%	Behavior
Academic Task	13/7.2%			14/7.7%	4/2.4%	
Task Participation	32/18.0%	1/.6%		47/26.1%	2/1.2%	
Attention	25/13.8%	2/1.2%		54/30.0%	4/2.4%	
Answer Question	1/.6%	1/.6%		1/.6%		
Ask Question	2/1.2%	1/.6%			1/.6%	
Write	47/26.1%	2/1.2%		27/15.0%		
Read Aloud						
Read Silent	12/6.6%			11/6.1%	1/.6%	
Appropriate			77.7%			92.7%
Inappropriate			22.3%			7.3%
TOTAL	73.5%	4.2%	100.0%	85.5%	7.2%	100.0%

77.7%
92.7%

Figure 3. Sample of a completed behavior summary chart.

Applications

The eco-behavioral observation system described has been used primarily in relation to three goals: 1) to assess a six week classroom program, the MDTP diagnostic classroom, by examining changes in the interaction between student behavior and ecological variables, 2) to provide an objective data base to use when coaching co-teachers and practicum students, and 3) to give the MDTP consulting teacher an objective point of reference for collaborating with other teachers and school staff. Each is discussed briefly.

Program evaluation

The ultimate measure of program effectiveness is the degree to which positive changes in student learning and behavior are made and the extent to which students apply their new knowledge and skills beyond the original situations in which they were acquired. The eco-behavioral observation system described is useful as a program evaluation tool in that the data not only reflect changes in student academic responding and inappropriate behavior which may be reported in absolute terms (i.e., the number of responses) and/or related to time (i.e., rate of responding), but also the data can be summarized to reveal environment-behavior interaction effects across time. By examining these interactions, classroom ecosystems which support desirable behavior (e.g., a high rate of academic responding during science) can be identified and thereafter employed systematically by the teacher to promote continued learning. In addition, data from the eco-behavioral observation can document whether or not shifts in the nature of environment-behavior interactions occurred across time. Such shifts (e.g., high academic response rates initially observed only in math during teacher-pupil discussion begin to increase in the student-student condition) can be used to assess immediate intervention effects or generalization. Data on specific classroom ecologies also can be used to make "best guesses" about a student's likelihood to succeed in other classroom environments (see Transition programming).

Preservice and professional staff development

Schools and nontraditional educational settings support preservice and inservice training of teachers in numerous ways. One of the most effective approaches used at the MDTP was a structured peer coaching program which included observation and follow-up discussion of the instructional activity with the teacher or the trainee who had been observed. Peer coaching includes a 10 minute observation by 1 to 2 teachers and a brief (10 to 15 minute) structured feedback session. At the MDTP an attempt was made to implement peer coaching on a weekly basis with teaching staff and students participating in both the role of peer coach and classroom teacher.

One powerful component of the peer coaching approach is that objective data are collected and reported to the teacher following each observation. By incorporating an eco-behavioral system of observation into the peer coaching process, the teacher learns to examine the relationship between instructional materials/tasks and student behavior. Data gathered using the eco-behavioral observation system also provide the observed teacher/student with an objective basis for setting personal instructional goals (e.g., to increase by 25 percent the academic response rate of Charlie during language lessons involving listen-lecture). Subsequent observations confirm or disconfirm the achievement of goals. (Readers are directed to Hendrickson, Sroka, and Gable (1989) for a fuller description of the peer coaching procedure.)

Transition programming

The eco-behavioral observation system described may be applied to transition programming in various ways. As noted, this observation system can be used to identify ecosystems in both regular and special education classroom which may need to be modified to promote a positive interaction effect for a given student. Special education teachers can use the observation system to design their classroom ecology to increasingly match that of the mainstream ecology as the student is being prepared for reintegration. At the opposite end of the classification process, the system can be used to assess classroom ecologies on a prereferral basis. Since an eco-behavioral system focuses on interaction by definition, both the general education teacher and the student are less likely to be viewed as the "culprit" or "problem". The advantages of this change of perspective alone may facilitate collaboration and the willingness of teachers to make accommodation for students.

As another transitioning example, the MDTP consulting teacher, serving as a liaison between the diagnostic classroom and the student's regular school, used the system to assess classroom ecosystems to which the student would be returning. If the results of such analyses reveal that dominant or key environment-student interactions observed at the school, for instance, are not those in which the student is successful, intensive collaborative planning between the consulting teacher and the home school teacher would be essential. Greenwood and Carta (1987) suggest that conferencing which revolves around objective data is more likely to lead to changes in teacher behavior than other approaches. These researchers also report that data on ecology-behavior interaction effects are more useful in generating hypotheses about the type of ecology which will accelerate or decelerate students' academic response rates than traditional approaches to assessment/observation. Finally, for teachers and others serving students with emotional or behavior disorders, objective data on the number and types of negative behaviors displayed in certain classroom ecosystems helps to remove emotionality that can sabotage cooperation and program planning efforts.

Summary

Results of the work of Greenwood and his colleagues support Rogers-Warren's (1984) contention that the unit of analysis associated with the eco-behavioral perspective has been too molar to yield experimental data which add to the literature on functional relationships between ecosystems and student behavior. Greenwood and Carta (1987) proclaim the importance of assessing specific academic responses rather than global measures when conducting an eco-behavioral assessment. These researchers also recommend that instructional arrangements which accelerate and decelerate student academic responses be identified and that teachers modify their instructional ecologies to produce accelerated academic response rates.

While there are generalizations that can be made about individual students and middle and secondary classroom settings, a promising way to efficiently enhance the academic responding of students or prescribe modifications needed to support the reintegration of the EBD adolescent is to monitor and assess eco-behavioral interactions in the classroom itself. The eco-behavioral observation system presented includes assessment of a) two important ecological variables (i.e., the instructional activity/subject area and the instructional materials/tasks), and b) two important behavioral variables (i.e., academic responses and inappropriate behavior/deportment). One feature of this observational system is that teachers not only can assess quantitative and qualitative dimensions of academic responding, but they have specific data on the level and kinds of inappropriate behaviors and the ecological contexts which promote or sustain both classes of behavior. In sum, eco-behavioral observation systems which focus on classroom ecosystems and the interaction effect with regard to student behavior are advantageous in that they yield data which appear to be particularly robust in implications for intervention.

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Regular Classroom Integration of Adolescents with Emotional/Behavioral Disorders in Perspective

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For those students who carry a variety of labels—from seriously emotionally disturbed (SED) to emotionally/behaviorally disordered (E/BD), educational services have been predominately outside of the regular classroom (e.g., Gable, Hendrickson, & Rutherford, 1991; Grosenick, 1989; Williams & Haring, 1988). Only recently has there been widespread discussion of concepts such as "mainstreaming," "least restrictive environment," "integration," and "reintegration." Even so, there is little agreement among professionals on their exact meaning or how to translate these concepts into practice. Today, there is intense debate over the extent to which these concepts should influence decisions regarding educational services, especially for students with E/BD. To gain perspective on the complex issue of integration, we believe it is useful to reflect on past-to-present practices for serving students with emotional/behavioral disorders.

In Part I, we trace the evolution of educational programs for students with E/BD and discuss the impact of a series of events—including major legislation, on contemporary service delivery options. In Part II, we address various aspects of the integration process and raise questions about the appropriateness of current mainstreaming actions for many students with E/BD. Throughout, we focus on integration as both a construct and a set of practices for providing educational services in mainstream environments. The term "reintegration" is used to refer to the movement students with E/BD from more restrictive and to mainstream settings.

Part I: an Historical Perspective to a Current Dilemma

The historical roots of special education for students with emotional/behavioral disorders are not easy to uncover (Kauffman, 1989). For example, in the mid-1800s, some limited services were provided to emotionally disturbed children, primarily through schools in lunatic asylums. It was not until the mid-1900s, however, that the public school sector began to establish programs for the emotionally disturbed; and, the first real burst of research and development activity did not occur until the 1960s (Kauffman, 1989). Accordingly, special education for students categorized

as emotionally disturbed or behaviorally disordered can be viewed as essentially a twentieth century phenomenon (Cullinan, Epstein, & Lloyd, 1983).

An early investigation by Morse, Cutler, and Fink (1964) profiled public school programs for the emotionally disturbed and behaviorally disordered during the growth era of the 1960s. In this study, programs were described as highly variable, usually experimental in nature, and reflective of a predominantly remedial rather than preventive orientation. Morse et al. found that the overwhelming majority of students were served in self-contained classes; little opportunity existed for integration into general classes with nonhandicapped peers. While screening and diagnostic procedures for admittance to special programs were well-established, exit criteria and procedures were ill-defined. The authors concluded that "it was much easier to get a child into a program than it was to get him out" (Morse et al., 1964, p. 26).

While self-contained classes were the predominant service option, some programs developed at this time were committed to serving emotionally disturbed students in more integrated settings. For example, Child Guidance Clinics which first surfaced in the public schools in the early 1920s were widely established by the late 1950s. The child guidance movement contributed a more preventive orientation and represented one of the first attempts to provide early intervention to mildly disturbed children and youth. It was also one of the earliest interdisciplinary and interagency treatment efforts, involving both public school and mental health professionals (Cullinan et al., 1983; Kauffman, 1989; Knoblock, 1983).

The 1960s saw the birth of Project Re-ED (Hobbs, 1966), an innovative program for the emotionally disturbed modeled after the "educateur" programs of Canada and France. Instead of the dominant ideological viewpoint that the problem rested exclusively with the individual, Project Re-ED offered an ecological perspective to understanding the problem. That is, behavior analysis and intervention focused on various person-environmental interactions that impinge on the student, including the family, school, and community. Although students attended the Re-ED school five days a week, regular contact with the family and school was maintained by liaison teacher-counselors. Additionally, a transition component was introduced to help students return to their own schools as soon as possible.

The 1960s also marked the emergence of teacher consultation programs as an alternative to self-contained classes for students with mild disabilities (e.g., Idol, 1989; McKenzie et al., 1970; Morse, 1971; Prouty & Prillaman, 1970). Although they differed in certain respects, most consultation programs shared a common commitment to providing support to students with mild disabilities and their teachers in the educational mainstream. Consulting teachers provided academic instruction and crisis intervention

to students, engaged in mutual problem-solving with general classroom teachers, and served as student advocates to promote more responsive educational programming.

A Change in Course—Loss of Momentum

Many early programs for students with emotional disturbances were forward looking, especially in light of the fact that concern about the restrictiveness of special programs had yet to surface. All of that changed in 1968. A provocative article by Lloyd Dunn had an unsettling effect on the field by challenging both the appropriateness and effectiveness of special education in self-contained settings. What followed were heated exchanges among professionals that concentrated on the negative effects of labeling, stigmatization, segregation, and limited program options. As educators became more sensitized to the complexity of service delivery, it would have been logical to look to some of the innovative programs of the 1960s to discover possible solutions. Unquestionably, there were promising approaches to prevention, intervention in mainstream settings, interdisciplinary collaboration, and transition out of special education programs. Thus, the question arises—why were these early initiatives not pursued more vigorously?

One plausible explanation has to do with the timing of events. By the early 1970s, the nature of services for students with disabilities was not only a professional but also a legal issue. Landmark litigation culminated in passage of the Education for All Handicapped Children Act (Public Law 94-142) in 1975. This comprehensive piece of legislation was hailed as an educational "bill of rights for the handicapped" and featured the requirement that all students with disabilities be afforded a free and appropriate education. Despite the positive impact of Public Law 94-142, it had the unfortunate side-effect of interrupting the momentum surrounding innovative programming for students with emotional/behavioral disorders. The mandate for "due process" safeguards created more formal procedures for referral and eligibility determination. As school divisions prepared to serve a burgeoning number of students with disabilities, many were forced to reassign consulting teachers to direct service roles. Most important, funding was linked to eligibility according to categories of exceptionality; breadth took priority over depth of services. Federal regulations were so far-reaching that compliance became the major challenge, and few resources remained to be mobilized for innovative programming. Together, these actions resulted in a significant reduction in the flexibility of service delivery options for students with E/BD.

An analysis of public school programs conducted by Grosenick, M.P. George, and N.L. George (1987) twenty years after the Morse, Cutler, and Fink study revealed little progress toward serving E/BD students in less restrictive environments. Although by the mid-1980s the service delivery

continuum had been expanded to include more program options, the majority of E/BD students were still being served in self-contained settings. Indeed, Laycock and Tonelson (1985) found that exit and transition components of programs for students with E/BD remained ill-defined. Their investigation revealed limited movement to less restrictive settings, poorly defined criteria for decision-making, rapid transitions, and almost no systematic follow-up on adolescents with E/BD.

Despite a loss of momentum during the late 1970s and early 1980s, some developments did advance the movement toward educating students with E/BD in less restrictive settings. For example, the focus of classroom intervention began to expand to take into account the importance of an individualized curriculum for adolescents with emotional/behavioral disorders (Edwards, 1983; Gable, Hendrickson, & Young, 1987). At the same time, emphasis on training prosocial skills intensified (e.g., Schumaker, Pederson, Hazel, & Meyen, 1983); and, our understanding of the learning strategies and school survival skills needed by students to cope successfully with the demands of general education increased (Deshler & Schumaker, 1986; Kerr & Zigmond, 1986; Silverman, Zigmond, & Sansone, 1981).

In sum, the short history of public school efforts to educate E/BD adolescents has been punctuated first by a search for programs to satisfactorily address the needs of these students and, more recently, to support their participation in mainstream instruction. Unfortunately, the full legacy of the early integration programs is yet to be realized in the 1990s. Kauffman (1989) characterized the bulk of current program development efforts for students with behavior disorders as fraught with "confusion, disorder, diversity and inadequacy." The loss of momentum and current disarray surrounding integration of students with E/BD, provides a rationale for the reexamination of the past. In that effort, we sought to provide perspective to present practices and offer some insight to changes occurring in the field. Next, we discuss some of the issues that influence current integration efforts and that relate to an uncertain future for the field of behavioral disorders.

Part II: Revisiting Integration of Students with E/BD Students

Although resistance is widespread, mounting pressure to conform to the doctrine of "least restrictive environment" (LRE), has lead to a growing number of students with E/BD receiving at least a portion of their instruction in the regular classroom (U.S. Department of Education's Thirteen Annual Report to Congress, 1991). Data indicate that nearly 10% of the E/BD student population presently is served in regular classrooms, 34% in resource classrooms and another 36% in separate placements. Over 80% of E/BD resource students are mainstreamed for more than half of the day; for those in self-contained classrooms, it is about half that time (Muscott, 1988). Unfortunately, many of these students fail to sustain a pattern of

acceptable regular classroom learning or adjustment (e.g., Gable, McConnell, & Nelson, 1986). A number of factors contribute to that failure and will be examined in subsequent discussion in terms to their implications for integration and reintegration.

Overcoming Resistance among General Educators

From the beginning, the majority of regular classroom teachers have opposed the reintegration of students with disabilities. Students who evidence maladaptive behavior, specially adolescents who engage in bouts of aggression, are among the least acceptable candidates for regular classroom integration (Braaten et al., 1988; Safran & Lutz, 1984). The "disturbingness" perception of students with E/BD that many general educators share is linked to the opinion that they are inattentive, antisocial, defiant of authority, and disruptive (e.g., Bullock, Donahue, Zagar, & Pelton, 1985). The work of Safran and Safran (1987) and Gersten, Walker, and Darch (1988) amply demonstrates that the so-called "attributional assumptions" general educators hold regarding causality and stability of students behavior problems, and their views on severity, contagion, and manageability of the problem(s), can negatively influence the integration process.

Mistaken opinion as to causation of emotional/behavioral disorders has lead many teachers to conclude that the problems evidenced by the E/BD population are beyond the scope of regular classroom practices (Gable, Laycock, Maroney, & Smith, 1991). This is especially true in the case of E/BD adolescents. Further, research has borne out the fact that efforts to accommodate special needs students decrease across grade levels; that is, secondary teachers make fewer attempts to individualize instruction than do elementary or middle school teachers (Brown, Gable, Hendrickson, & Algozzine, 1991). Teaching strategies of proven effectiveness are not common practice in most regular classrooms (e.g., group contingencies, peer tutoring). In all, most general educators harbor misconceptions about students with disabilities, express negative views toward the reintegration process and lack the knowledge and skill to teach exceptional learners. Many general educators recognize that further training, resources and ongoing technical assistance is needed if they are to serve students with disabilities in the regular classroom.

Muscott and Bond (1986) have suggested providing receiving teachers routine consultation and technical support in developing intervention programs for students with E/BD. However, not all general educators are receptive to collaboration or the team process of problem-solving associated with various support programs (e.g., Teacher Assistance Team, Teacher Support Team). Regular classroom teachers who are most likely to be effective with behavior problem students often oppose their mainstream placement (Gable, Hendrickson, Algozzine, & Scully, 1989). Gable,

Laycock, and Korinek (in press) point out that a collaborative relationship cannot be established by administrative fiat. Because collaboration is strictly a voluntary act, participants must be allowed to define the parameters of their own involvement. Research shows that teacher recognition that solutions do exist and that reasonable effort can produce positive changes in student behavior is critical to successful collaboration.

There is some evidence that exposure to and experience with exceptional students will moderate the negative views of some teachers. One way to accomplish this goal is to introduce general education students to programs in which the student (and teacher) spend some time with students with disabilities (e.g., reverse mainstreaming). Another approach that is gaining in popularity is the practice of cooperative teaching in which general and special educators work in a systematic and coordinated fashion in integrated classrooms (Bauwens, Hourcade, & Friend, 1989). Team or cooperative teaching is an especially effective way of helping classroom teachers learn to work successfully with students with disabilities.

Preparing E/BD Teachers for Collaborative Service Delivery

The success of the reintegration movement hinges on the proposition that general educators can successfully instruct students with a variety of social, academic and deportment problems (Kerr & Nelson, 1983). Unfortunately, most regular classroom teachers are unsupported in that effort (Gable et al., 1989). Although the majority of E/BD teachers lack enough preparation to work collaboratively with their colleagues, the tremendous surge of interest in training both regular and special educators to engage in school-based collaboration and consultation may rectify this situation. (Interested readers can find some excellent suggestions on implementation of collaborative programs in Bauwens et al., 1989; D. Fuchs, L. Fuchs, Bahr, & Fernstrom, 1988; Idol, 1988, 1989).

Teachers of students with E/BD can share with regular classroom colleagues skills that may differ from those of teachers trained in other areas (e.g., learning disabilities, mental retardation). That is, teachers of students with emotional/behavioral disorders usually receive extensive preparation for dealing with conduct and social skills problems; and, they are prepared to adapt the classroom curriculum to accommodate student-specific instructional needs. These are areas most often singled out by regular educators who seek assistance. Then, if quality technical assistance is provided regarding management and instruction problems, more general educators likely will accept students with E/BD into their classrooms (Gable et al., 1991). However, Safran and Safran (1991) caution that it is important to rely on multiple rather than single programming options for integrating students with E/BD (e.g., resource and consultation support programs). For some students with E/BD, assistance to regular educators should be a supplementary not primary service option.

Preparing Students for Reintegration

The promise of the mainstreaming movement is that some students with E/BD can be taught the necessary skills to function effectively alongside their regular classmates. However, most E/BD teachers lack suitable training to carry out successfully the integration process (e.g., Gable et al., 1989; Laycock & Tonelson, 1985; Safran & Safran, 1987). It follows that few E/BD teachers are able to prepare their students to deal with the rigors of the regular classroom. Training aimed at "inoculating" adolescents against the vicissitudes of the regular classroom (e.g., sharply diminished curricular modifications, lack of extrinsic reinforcement) has been limited. Only a few attempts to teach secondary students social or school survival skills have been reported. For example, Graubard, Rosenberg, and Miller (1974) taught a group of teenagers to make eye contact with teachers, to request extra help, and to engage in reinforcing behavior such as sitting up straight and nodding in agreement with the teacher. The students were also taught to emit "Ah-Hah" reactions to explanations. Finally, they were trained to break eye contact when teachers reprimanded them, to ignore other teacher provocations, to arrive early for class and to request additional assignments. In another study, Morgan, Young, and Goldstein (1983) trained students with E/BD to prompt teachers to obtain assistance, to praise teachers after receiving help, and to prompt teachers to provide approval of their academic and social performance. It seems clear that training of this nature must become standard practice within the reintegration process.

Another challenge to successful reintegration that is sometimes overlooked is the unexpected effects of our intervention programs. We are becoming increasingly aware of an unanticipated outcome of our efforts to modify inappropriate student behavior, namely, the so-called "side-effects" of treatment. These unintended outcomes of behavioral interventions are well documented and can prove to be either positive or negative (Gable, Hendrickson, Warren, S. Evans, & W. Evans, 1988). Studies underscore the fact that multiple responses of students that are correlated with treatment targets tend to but do not always change in the same direction (Gable et al., 1988). The separation and differential treatment of acceptable versus unacceptable behavioral episodes exhibited by the same student is by no means a simple undertaking. Understandably, it poses a significant problem that further complicates mainstream preparation of students with E/BD by increasing the demand for: a) collecting comprehensive measures of target and nontarget behavior and b) evaluating the impact of training on both categories of student behavior and in multiple settings. Fortunately, teachers of E/BD adolescents are being introduced to more sophisticated assessment and intervention strategies at the preservice level and are making use of them to better prepare students for the mainstream. These efforts need to be supported and inservice training provided to refine and extend teacher skills in this area.

Establishing Replicable Reintegration Practices

Not all school districts have a uniform, written policy that governs pupil reintegration, a situation that invites inconsistent decision-making and hinders successful mainstreaming of students with E/BD (Gable et al., 1991; Rizzo & Zabel, 1988). Another problem stems from the fact that too little time is usually allocated to actual reintegration. For instance, Laycock and Tonelson (1985) found that 42% of teachers of E/BD adolescents surveyed reported that the transition was accomplished in just a few weeks and with little or no student preparation. In contrast, regular class integration probably should consist of a multi-step operation that is carried out gradually and systematically and which is evaluated at each step. It follows that attempts must be made to establish some replicable procedures that can be applied by teachers of students with E/BD.

At present, most special education teachers lack standard practices for reintegration. In that regard, Muscott and Bond (1986) have offered several recommendations: a) establish plans to improve the attitude and knowledge of the receiving teacher, b) provide students with social skills/school survival training, c) program for the transfer of skills trained from one setting to another, and (d) interface with and coordinate educational services with mainstream participants. Guided by these recommendations, procedures can be developed within the schools, subjected to appropriate evaluation and adjusted, as necessary.

Rethinking Best Practices

It is clear from our failed attempts that we have yet to establish a mix of special and general education practices that enables students with E/BD to make a successful transition to the mainstream. Attempts by special educators to apply "best practices" to the education and treatment of the emotionally/behaviorally disordered may contribute to the problems encountered in regular classrooms. As Gable et al. (1986) point out, special classroom practices often differ substantially and some may actually be antithetical to the demands of mainstream situations. For instance, many special education programs rely on complex management plans (e.g., token economies, group contingency arrangements, level systems), along with strong teacher-pupil interpersonal relationships (e.g., Kerr, 1989). Since students with E/BD are sometimes reluctant to exit special programs in favor of less supportive mainstream environments, we must eliminate student dependency to facilitate a smooth transition; finally, we must be certain that specialized programs are gradually and systematically withdrawn.

Reintegration training might begin by emphasizing simple responses that are known to the student and then shift gradually to more complex behavioral demands of less restrictive settings (i.e., regular classrooms). It may be essential to expose students to some elements of contrasting

or "worst practices" that they may encounter after placement in general education (Gable et al., 1986). (Readers are referred to the work of Graubard and his colleagues (1974) for further discussion of this practice). Reintegration training of students with E/BD can be initiated by the special education teacher in the home classroom. Later, other adults should be recruited to conduct training and to do so in new classroom surroundings, under conditions that parallel those found in the regular classroom. It is especially important that special contingencies (e.g., token economies) are gradually removed and that E/BD students are trained to respond appropriately to those that exist in regular classrooms (e.g., occasional, general feedback).

Another challenge that remains is that few students with E/BD are able to maintain skills on a posttraining basis or to generalize them to nontraining situations (i.e., regular classroom). Although we have much to learn, engaging regular classroom teachers and nondisabled peers in some aspects of reintegration intervention appears to be one way of addressing the problem. Various authors have discussed ways that E/BD teachers can train adolescents to engage in norm-referenced, "ecologically valid" target behaviors, program for their maintenance and generalization, and use regular classmates as change agents to facilitate that process (e.g., Kerr & Nelson, 1989). The work of Kerr and her colleagues (1983, 1987, 1989) contains some excellent suggestions on transition programming that address the issue of generalization training.

Defining What It Takes to Succeed

Several recent investigations provide insight to the behavioral demands and expectations of general educators (e.g., Kerr & Zigmond, 1987; Walker & Rankin, 1983) and contribute to what is known about reintegration. One unmistakable fact is that although classroom teachers differ somewhat, they "hold a narrow, intense, and very demanding" perspective on what behavior is consonant with classroom success (e.g., compliance, academic productivity, and routine following). Unfortunately, without objective measures of these behaviors, against which to gauge if/when to mainstream a student, practitioners must rely on their own judgement for making decisions about reintegration (Gable et al., 1991).

Our inability to accurately assess and systematically program the "ecology" of the regular classroom is a significant obstacle to mainstreaming of students with E/BD. A major problem is that we are powerless to regulate so-called "setting events"—contextual conditions that exist in the regular classroom that do not control but set the occasion for increasing the likelihood that certain behaviors will occur (Gable et al., 1988). These events have been shown to prompt or inhibit behavior and may contribute to behavioral instability (e.g., a student is unclear about classroom rules). Classroom conduct as well as social behavior is influenced by events that

serve as discriminative stimuli (e.g., environmental cues) for students to engage in certain acts (e.g., respond to social bids of classmates, comply with the requests of the teacher). To prepare students with E/BD to respond to unfamiliar environmental stimuli, Grosenick (1971) suggested that teachers provide students with experiences that mirror those found in regular classrooms. More recently, Muscott and Bond (1986) and Rizzo and Zabel (1988) recommended several steps to facilitate successful reintegration: a) ascertain the social and behavioral standards and expectations held by regular classroom teachers, b) develop specific treatment goals for each student, and c) establish a means for incorporating into the behavioral repertoire of reintegrated students the social, academic, and behavioral expectations of receiving teachers.

Research indicates that a major discrepancy exists between the availability and the usefulness of assessment information at the time of reintegration (e.g., Zabel, Peterson, Smith, & White, 1982). The knowledge required to carry out a thorough assessment of the various settings in which secondary students with E/BD must perform is only in a formative stage. However, some knowledge can be gained through direct observation (e.g., regular classroom, cafeteria, study hall) as well as through survey or interview sources. A few assessment systems have been designed to facilitate data collection (e.g., The Instructional Environmental Scales(TIES). Teachers attempting to assess student readiness for reintegration can collect work samples from their regular classroom colleagues that consist of written products (e.g., term papers, library reports, homework assignments). Analysis of this material can yield a valid standard against which to judge the academic performance of students with E/BD (Gable et al., 1986).

Reaffirming the Need for a Full Continuum of Services

There is little reason to believe that educational values and public policy will soon shift from the doctrine of "least restrictive environment (LRE)." The fact remains, however, that some students problems exceed the current willingness and ability of most general educators to deal with them (e.g., Gable et al., 1989). There is ample evidence that the more severe the behavior problem(s) the more difficult it usually is to conduct intervention in a mainstream situation (Braaten et al., 1988); this is especially true with adolescents with emotional/behavioral disorders. The complexity, intrusiveness, and duration of treatment best suited to a given problem influences its acceptability and, in turn, may mitigate against its mainstream usage (Braaten et al., 1988; Gable et al., 1991). While we support the doctrine of LRE, we question whether students with mild disabilities can be viewed as a homogenous group with regard to mainstreaming. For example, some adolescents with E/BD formerly placed in more restrictive programs (e.g., residential treatment centers, psychiatric hospitals) are now in self-contained classrooms within the schools. For these and other students with E/BD,

the efficacy of the construct of "least restrictive environment" remains clouded (Gable et al., 1991; Muscott, 1988). The tremendous effort often required to serve E/BD students makes it doubtful that many general educators will wish to take on that challenge (e.g., Braaten et al., 1988).

There is good reason to look critically at educational programs for students with E/BD separately from other disability categories. Students with emotional/behavioral disorders require an individualized program of instruction that is not always feasible in the least restrictive environment. It seems crucial that we preserve a range of service options—from full integration to separate classrooms and schools, that have been shown to benefit students with E/BD (e.g., Kauffman & Pullen, 1989; Safran & Safran, 1991). We must refine current practices while guarding against any simplistic solutions or attempts of reform zealots that may do irreparable harm to students with E/BD by denying them appropriate service options.

Stainback and Stainback (1984), Will (1986), and Wang, Reynolds, and Walberg (1986) are among the strongest supporters of a new educational partnership which has come to be known as the "Regular Education Initiative" (REI). Many special educators have challenged the REI as a radical proposal (S. Braaten, et al., 1988; Hallahan, Keller, McKinney, Lloyd, & Bryan, 1988; Kauffman, Gerber, & Semmel, 1988). Most support greater interface between general and special education but believe that the REI poses a significant threat to present and future service options for students with E/BD. Federal regulations stipulate that when a handicapped student is so disruptive in the regular classroom that it impinges on the education of others, the needs of that student cannot be met in that environment (Braaten et al., 1988). It is hard to imagine that the finite classroom resources of teacher time and effort can realistically be divided between the demands of the excellence movement in general education and the special accommodations usually required for students with E/BD. We suspect that the dilemma facing many general educators attempting to cope with the growing diversity within the school age population is creating a confrontation of limitations that is unlikely to be soon resolved.

Conclusion

In dealing with the complex issue of integration of adolescents with B/ED, we propose a cautious view and recommend that the course away from more restrictive services be plotted as carefully as special class placement (Gable et al., 1991; Rizzo & Zabel, 1988). Our review of past-to-present practices suggests that the construct of a full continuum of special education services is conceptually sound. If placement decisions are not pupil-specific or movement to less restrictive settings is not occurring, then these abuses must be addressed. However, we do not feel that it is advisable to abandon a full continuum in favor of a fully integrated educational

system in which even greater abuses are likely to occur. It seems important to bear in mind that restrictiveness is not synonymous with intensity of educational programming. In the end, decisions regarding the reintegration of secondary students with emotional/behavioral disorders must be made on a case-by-case basis.

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